



Montessori
Children's
House *of Lenawee*

Welcome, and thank you for selecting Montessori Children's House of Lenawee!

To ensure your child's placement at Montessori Children's House of Lenawee, return this form and a \$75.00 enrollment fee to MCHL at 1008 W. Maple Ave. Adrian, MI 49221.

Tuition will be billed on a bi-monthly basis. Tuition payments are made through the FACTS online tuition system. Information regarding the FACTS program will be provided to parents and is also available on our school website: www.mch-lenawee.org

Enrollment Checklist

__Enrollment Form (required) Complete the attached enrollment form and sign the financial commitment section. A copy will be made available to you.

__Copy of Official Birth Certificate (required for new enrollment)

__Emergency Card (required)

__Health Appraisal/Physical (with vision/hearing screening for school-aged students) signed by a licensed medical doctor and performed within 12 months (for toddlers: 6 months) prior to the first day of school (**required by Michigan law for each child new or returning**) Physical evaluations must be updated as follows: a.) Yearly for toddlers b.) Every 2 years for preschoolers. All evaluations are reviewed yearly at time of enrollment.

__ Enrollment Deposit (required for new enrollment) the enrollment deposit of \$75.00 checks can be made payable to: Montessori Children's House of Lenawee.

__Re-Enrollment Fee (required per child) a \$50.00 annual re-enrollment deposit is due with completed enrollment form. If enrolled by May 23, 2016, the fee will be applied to first month's tuition. _____ Date paid _____ check # or cash

__Enrollment in FACTS tuition program (required) each family will be required to sign up online prior to the start of school. **Child may not start school until this is complete.**

__Signed Parent Handbook (required) Administrative staff will provide you with a copy.

__Signed Volunteer Hours (required) if you choose to not volunteer a total of \$225.00 is due now. A check should be made payable to: Montessori Children's House of Lenawee. A balance of uncompleted hours will be deducted at the end of the school year via FACTS.

All new students will have a scheduled school visit prior to the start of the school year. While requests for specific teachers will be given consideration, classes are determined by student/teacher ratio.

School Policies

Montessori Children's House of Lenawee is a nut free facility. Please omit nuts from all packed lunches and snacks.

Newly enrolled families must pay a non-refundable enrollment fee of \$75.00. Please make check payable to MCHL.

Returning families must pay an annual re-enrollment deposit per child. The 2016-17 deposit is \$50.00. The re-enrollment deposit will be applied to the first tuition payment if paid by May 23, 2016.

Sibling discount: 10% will be applied to the lowest tuition rate.

Refer a family discount: Each returning family that refers a newly enrolled family will receive a \$50.00 credit to their overall tuition.

Tuition paid in full incentive: If yearly tuition is paid in full in the months of August or September, your family will receive all child care days free!

Students that enroll after the September 8th start date will be charged a prorated tuition.

Once your first tuition payment has been submitted, you are financially responsible for the entire academic year.

MCHL does not reimburse for vacation days, illness of child, Acts of God requiring school closure, exclusion due to non-vaccination, or voluntary withdrawal of enrollment.

A student may not attend class if the financial account is more than 21 days past due.

If a family has a chronic delinquency (defined to be the occurrence of late payments more than 21 days past due in the previous 12 months), the Board of Directors, in its sole discretion, may decline to enroll a student, or require payment in full prior to the start of school.

All students: No medication can be given to any child without a signed medication form. This form is available in the main office. **All medication must be in its original container. Medication must be stored in the main office, not in backpacks or lockers.**

Montessori Children's House of Lenawee Mission Statement

We are a peace-oriented Montessori community dedicated to providing an encompassing education which nurtures the mind, body and spirit of every child.

Student Information

Name: First _____ Middle _____ Last _____

Student Address: _____

City: _____ Zip: _____

Home phone: _____ Cell phone: _____

Primary family email address*: _____

**Important communication from MCHL is done largely via email. Please provide a current email address and make sure to update us if this email address ever changes. Thank you!*

Date of Birth: _____

Sex: M / F Ethnicity: _____

Montessori Children's House of Lenawee does not discriminate on the basis of race, color, religion, nationality or ethnic origin in the administration of its educational policies, scholarship and discount programs, or any other school administered programs.

Program:

Note to enrolling family- 3 day options are limited in each classroom.

Toddler:

___ 3 full Days (T, W, TH) 8:15 a.m. – 3:15 p.m.

___ 5 full Days 8:15 a.m. – 3:15 p.m. ___ 5 half days 8:15- 11: 15 a.m.

Preprimary:

___ 3 full days (T, W, TH) 8:15 a.m.–3:15 p.m. ___ 3 half days (T, W, TH) 8:15–11:15 a.m.

___ 5 full days 8:15 a.m. – 3:15 p.m. ___ 5 Half Days 8:15 a.m. – 11:15 a.m.

Parent Information

Please advise the school of any custodial issues. If divorce/separation/joint custody allows duplicate mailing information to be given to other parent, please include name, address, phone number & email. *MCHL will require a copy of any Court Decree involving custody arrangements.*

<i>Please print</i>	Father	Mother	Guardian/other Financially Responsible
Full Name (First, Last)			
Address City State Zip Code			
Home phone			
Cell phone			
Work phone			
Email address			
Place of Employment			
Occupation / Title			
Marital Status			

How did you hear about MCHL?

Referral:

If you were referred to our school by an enrolled friend please list their name below:

Before School Care, Extended Day, After School Care

BSC is available on school days from 7:00 a.m. – 8:00 a.m.

ASC is available on school days from 3:15 p.m. – 6:15 p.m.

Late charge: If you are late picking up your child from ASC, there will be a charge of \$10.00 every 15 minutes after 6:15 p.m.

MCHL charges \$50.00 per month unlimited use or \$10.00 drop in daily fee. If your child is in BSC or ASC for more than 10 minutes charges will begin. There are no exceptions to this policy. Arrangements must be made 24 hours in advance.

(Must check one)

- I am registering my child for unlimited use in BSC/Extended Day/ASC for 10 months. I will be charged \$50.00 per month through my FACTS tuition account regardless of attendance.
- I will not use this program. If I need a drop in day I will be charged \$10.00. I must give a 24 hour notice to the Director or Office Manager.

Photo/Recording Permission

MCHL will be taking photographs and video/audio recordings of students and their work. These photos and recordings will be used for class newsletters/bulletin boards, public communications (advertisements, brochures, etc.) and the school website. Students may be photographed/recorded in groups or individually or in groups.

The school is very aware of the need to protect our children on the internet. It is our school policy to not identify children by first and last name on the internet; we will only post a child's first name and his/her picture. Occasionally, we send special recognition photos and press releases to the local newspapers and we will identify students by first and last name and classroom for publication there.

YES - I _____, parent/guardian of _____,
(parent/guardian name) (student name)

do give MCHL permission to use my child's name, photograph, student work and/or videotaped image in publications, video productions, and/or school Internet website. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

NO - I _____, parent/guardian of _____,
(parent/guardian name) (student name)

do not give MCHL permission to use my child's name, photograph, student work and/or videotaped image in publications, video productions, and/or school Internet website. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

Signature of parent/guardian _____ Date _____

Family Volunteer Requirement

Parents are valued as active partners in their child's education. Your gifts of time, talent, and treasure are crucial to the overall success and long-term viability of our school. Families will choose from a variety of volunteer opportunities. Our committed parents will help make learning at MCHL an exceptional experience. Thank you for your commitment to our school's success.

I agree to volunteer a minimum of 15 hours during the school year OR I have included my tax-deductible check for \$225.00 (made out to MCHL). Please check one:

☐ I will volunteer 15 hours

☐ I cannot volunteer, attached is my check for \$225.00

If you elected to volunteer and do not complete your volunteer fulfillment of 15 hours, a charge of \$15.00 per hour not completed will be charged to your FACTS account.

Accepted and Agreed (Financially responsible party/parties must sign):

Father/Guardian Signature _____

Name printed _____ Date _____

Mother/Guardian Signature _____

Name printed _____ Date _____

2016-2017 School Year Tuition

The tuition amount is a set fee. As a courtesy, tuition is allowed to be paid monthly through the FACTS Tuition Management System. All families are required to make bi-monthly payments through the online FACTS Tuition Management System unless making a one-time full year payment. There will be no exceptions.

Circle your program choice below

TODDLER (Ages 13 months-3 years) September 6 - June 2			
Program Days	Tuition	Weekly Rate	Bi-Monthly Rate
Full days 8:15 a.m.- 3:15 p.m.			
5 full (M-F)	\$6,546	\$164	\$327
3 full T,W,TH ONLY (Limited spaces)	\$4,936	\$124	\$247
Half days 8:15 a.m. - 11:15 a.m.			
5 half (M-F)	\$4,704	\$118	\$235
PREPRIMARY/KINDERGARTEN (Ages 3-6 years) September 6 - June 2			
Program Days	Tuition	Weekly Rate	Bi-Monthly Rate
Full days 8:15 a.m.- 3:15 p.m.			
5 full (M-F)	\$6,108	\$153	\$301
3 full T,W,TH ONLY (Limited spaces)	\$4,539	\$113	\$227
Half days 8:15 a.m. - 11:15 a.m.			
5 half (M-F)	\$4,051	\$101	\$203
3 half T,W,TH ONLY (Limited spaces)	\$3,064	\$77	\$153
Program Add-on's:			
Child Care (11 days) 7 a.m. - 6p.m.	INDICATE PREFERRED OPTIONS WITH AN "X"		
Conferences- Nov. 4 & March 11			\$80.00
December 27, 28, 29, 30			\$160.00
Spring Break- TBA, will follow Lenawee County school calendar			\$200.00
Child care package of all 10 days *No refunds if days are unused *No drop-ins.			\$340.00

Parent signature & date

Administration signature & date

I agree to pay MCHL the tuition amount of \$_____ which reflects my choice of _____ for the 2016-2017 school year.

MCHL does not reimburse for vacation days, illness of child, Acts of God requiring school closure, exclusion due to non-vaccination, or voluntary withdrawal of enrollment. There will be no substitution for 3 day students if a day is missed.