



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 1099 US-223 Suite #8 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 for: _____

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

__ Copy of Official Birth Certificate (required for new enrollment) this is a raised seal document.

__ Emergency Card (required) Complete and return to main office.

__ Health Appraisal/Physical 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: 1.) Yearly for toddlers 2.) Every 2 years for preschoolers and school aged children. All evaluations are reviewed yearly at time of enrollment.

__ Enrollment Deposit of \$75.00 (required per family) Non-refundable deposit to hold your child's spot in a classroom. Date paid: _____ check #: _____ cash or PayPal

__ Annual Re-Enrollment Fee of \$50.00 (required per family) Non-refundable \$50.00 re-enrollment fee due with completed enrollment form to hold your child's spot in a classroom. If enrolled by June 12, 2020, the fee will be applied to first month's tuition. Date paid: _____ check #: _____ cash or PayPal

__ 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.** To start this program, there is a \$45.00 (annual) fee that must be paid before the first monthly payment pulls.

__ Signed Parent Handbook (required) Administrative staff will provide a copy at first parent meeting. There will be an online version available on our website.

__ Signed Volunteer Hours (required) if you choose to not volunteer a total of \$225.00 is due upon enrollment. A check should be made payable to: Montessori Children's House of Lenawee. A balance of incomplete 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.

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.

School Policies

(You will receive a detailed parent handbook with more information)

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 2020-21 deposit is \$50.00. The deposit will be applied to the first tuition payment if paid by June 12, 2020.

Sibling discount: 15% will be applied to the lowest tuition rate.

Students that enroll after the September 3rd 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 14 days past due, individual file is not complete or immunizations waiver has not been submitted.

If a family has a chronic delinquency (defined to be the occurrence of late payments more than 14 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.**

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 _____

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>	Parent/Guardian	Parent/Guardian
Full Name		
Address City State/Zip		
Home phone		
Cell phone		
Work phone		
Email address		
Place of Employment		
Occupation		
Relationship Status		

**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!*

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 3:25 p.m. – 6:00 p.m.

Late fee: If you are late picking up your child from ASC, there will be a charge of \$25.00 every 5 minutes after 6:00 p.m. After 3 late pick-ups there will be a dismissal from extended day programs. MCHL charges \$75.00 per month for unlimited use or \$15.00 drop in daily fee. If your child is in BSC or ASC for more than 5 minutes charges will begin. There are no exceptions to this policy.

(Check one)

- I am registering my child for unlimited use in BSC/Extended Day/ASC for 10 months. I will be charged \$75.00 per month through my FACTS account regardless of attendance.
- I will not use this program. If I need a drop in day I will be charged \$15.00. I must give a 24 hour notice to the main office.

Application of Sunscreen

I give permission for MCHL staff to apply the sunscreen I provide onto my child during the 2020-21 school year as needed for outdoor activity/recess times.

Parent Signature and 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. Thank you for your commitment to our school's success. We will send home opportunities as they become available.

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.

2020-2021 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. We are no longer taking full tuition payments. There will be no exceptions.

Please select your program choice:

Toddler (ages 13 months to 2.5 years) Full day 8:30 a.m. - 3:30 p.m.

- 3 full days (T,W,TH ONLY) \$5,265- LIMITED SPACES AVAILABLE
- 5 full days- \$6,945

Toddler Transition (ages 2.5 to 3.5 years)

- 3 full days (T, W, TH ONLY) \$4,957 - LIMITED SPACES AVAILABLE
- 5 full days- \$6,610

Preschool (ages 3 to 5 years) Full day 8:15 a.m. – 3:15 p.m. Half day 8:15 – 11:15 a.m.

- 3 full days (T,W,TH ONLY) \$4,816 - LIMITED SPACES AVAILABLE
- 5 half days- \$4,299 LIMITED SPACES AVAILABLE
- 5 full days- \$6,481

Before/After School Care (see page 3 for more information)

- Monthly unlimited usage charge of \$75.00 for 9 months = \$675.00

Parent/Guardian Signature & Date

Administration Signature & Date

I agree to pay MCHL the tuition amount of \$_____ which reflects my choice of _____ for the 2020-2021 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.*

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge
Name of Child (Last, First, Middle Initial)		Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City
		State
		Zip Code
Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional)
		Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)
		Cell Phone ()
City	State	Zip Code
Email Address (optional)		Email Address
Employer Name	Work Phone ()	Employer Name
		Work Phone ()
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()
Hospital Preferred for Emergency Treatment (optional)		
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)		

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)		
1.	()	()
2.	()	()
3.	()	()
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)		
1.	()	2. ()
3.	()	4. ()

Parent/Legal Guardian Initials:	
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.	

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian _____	Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation	

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	⇒
			/ /	
Parent/Guardian Signature			Date	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	⇒ Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2		Influenza (IIV/LAIV)	1	3
				2	4
DTaP/DTP/DT/Td	1	4	Meningococcal (MCV4 / MPSV4)	1	2
	2	5			
	3	6	Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Tdap	1			2	
<i>Haemophilus Influenzae</i> type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
	2	4	3		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
	2	4	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
Rotavirus (RV1/RV5)	1	3			
	2		Parent/Guardian refused immunizations: <input type="checkbox"/>		
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____			_____		____/____/____
<i>Health Professional's Signature</i>			Title		Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ / _____ / _____

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / _____ / _____

Examiner's Signature Date *Examiner's Name (Print or Type)* Degree or License

_____ MI _____ (____) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

FACTS CONFIRMATION NOTICE

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

Frequently Asked Questions

- **Is my information secure?**
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit [FACTSmgt.com/Security-Compliance](https://www.factsmgt.com/Security-Compliance).
- **When will my payments be due?**
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**
Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**
Changes to your address, phone number, email address, or banking information can be made at [Online.FACTSmgt.com](https://www.Online.FACTSmgt.com) or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**
If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

FACTS CUSTOMER SERVICE

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at [Online.FACTSmgt.com](https://www.Online.FACTSmgt.com). Customer Care Representatives are also available to assist you 24/7.**