



DEARBORN HEIGHTS MONTESSORI CENTER
ELEMENTARY/MIDDLE SCHOOL Application for Admission

Date _____

Child's Name _____ (_____) Girl ___ Boy ___
last first middle nickname

Date of Birth _____ Age in September _____

Address _____ Telephone _____
number street city zip area code/number

Correspondence regarding this application should be addressed to:

Name _____ (please indicate Mr., Mrs., Ms., Dr. etc.)

Complete Address _____
number street city zip

Child lives with (check all that apply):

Mother ___ Father ___ Stepmother ___ Stepmother ___ Other _____
relationship

Please check any that apply:

Parents married ___ separated ___ divorced ___ never married ___ Mother deceased ___ Father deceased ___

Financial responsibility for child will be assumed by _____

Father, Stepfather, or Male Guardian (circle):

Mother, Stepmother, or Female Guardian (circle):

Full Name

Home Address

Social Security #

Occupation/Title

Employer

Business Address

Business Phone (area code/number) Cell Phone (area code/number)

E-mail Address (for internal use only)

Full Name

Home Address

Social Security #

Occupation/Title

Employer

Business Address

Business Phone (area code/number) Cell Phone (area code/number)

E-mail Address (for internal use only)

School child is currently attending _____ Grade _____

Previous schools or child care experiences and dates enrolled _____

SESSION PREFERENCE: School only 8:30 a.m.-3:30 p.m. _____ School + Extra hours 7 a.m.-6 p.m. _____

If extra hours are needed, indicate approximate arrival/departure times and days of use _____

Names/ages of brothers & sisters _____

How did you learn about Dearborn Heights Montessori Center? _____

Medication(s) being taken (name and purpose) _____

Please list any special health problems _____

Are there any other problems or circumstances about which we should know? _____

Please list any allergies and/or foods which should not be eaten _____

ENROLLMENT CONTRACT

Dearborn Heights Montessori Center agrees to enroll _____ for the 20____-20____ school year. In consideration of the acceptance of this Enrollment Contract by Dearborn Heights Montessori Center, the undersigned agrees to pay the required fees in accordance with the most recent tuition schedule, and as specified below:

A non-refundable registration fee in the amount of \$500 is required by the application due date for enrolled students, and at the time of signing of this Enrollment Contract for new applicants.

	<u>Annual Payment</u>	<u>Semi-Annual Payments</u>	<u>Quarterly Payments</u>	<u>Monthly Payments</u>
Choose one option	<input type="checkbox"/> One payment due May10	<input type="checkbox"/> Two payments due May and November	<input type="checkbox"/> Four payments due May, August, November & February	<input type="checkbox"/> Ten payments due May through February

I understand that my obligation to pay the fees for the full academic year is unconditional and that no portion of fees paid or outstanding will be refunded or canceled in the event of absence, withdrawal or dismissal from the school of the above student. I understand that children are enrolled for the full school year (or portion remaining), and that I am responsible for the full tuition balance from the date of acceptance. I agree to pay, when applicable, other fees. These may include, but are not limited to, registration or re-enrollment fees, hourly day care or latchkey fees, late payment or NSF fees, late pickup charges, or an occasional charge for a field trip or student-owned materials. I understand that my child will be denied admission to school and records will be held if tuition or fees are not paid in a timely manner. I further agree to pay DHMC's reasonable costs of collection related to my account, including attorney fees.

In view of this obligation, I understand that the Tuition Refund Plan is being made available to me at this time to protect my yearly financial obligation under the terms of this Enrollment Contract. This program insures fees (prepaid and due) in the event of separation according to the terms of the policy. Participation in the Tuition Refund Plan is mandatory for those selecting the monthly payment plan and optional for all others.

PLEASE READ THE ENCLOSED TUITION INSURANCE LEAFLET CAREFULLY. Coverage for voluntary dismissal and/or withdrawal does not commence until the student has attended school for fourteen (14) calendar days.

PLEASE INITIAL BOX A OR B; OTHERWISE THIS CONTRACT CANNOT BE ACCEPTED.

- A. MANDATORY WITH MONTHLY PAYMENT PLAN; optional with semi-annual and quarterly payment plans: I/We wish to participate in the Tuition Refund Plan. I understand that the premium cost is to be included with the first tuition payment. The premium rate is 2.3% of the annual tuition. I authorize the school to process and collect any claim payment to which I am entitled under the Tuition Refund Plan and credit it to my account, paying any excess to me. I agree to pay the school whatever balance remains unpaid, if any, after payment by the Plan is credited to my account within 30 days after receipt of a final itemized bill.
- B. I/We do not wish to participate in the Tuition Refund Plan. I understand that no refund or cancellation of the yearly fees will be made by the school for absence, withdrawal or dismissal before the end of the school year and herewith agree to assume full responsibility for the full annual fees.

I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to accept the policies and regulations of the school and the payment of fees as referred to above. Furthermore, I agree to the policy of the school that no student will be permitted to take examinations nor will student records be released until an account has been paid in full.

Child's Name _____

RELEASES AND STATEMENTS OF AGREEMENT

MEDICAL RELEASE

I hereby declare that I am the parent or legal guardian of the above-named child. I give my consent, in the event that all reasonable attempts to contact me or designated persons have been unsuccessful, for Dearborn Heights Montessori Center personnel to seek treatment by the preferred physician, or in the event the preferred practitioner is not available, by another licensed person. I hereby release and discharge Dearborn Heights Montessori Center, its agents, employees, and officers, from all claims, demands, actions or judgments which the undersigned ever had, now has or may have against the school, its successors or assigned, for all personal injuries or illness, which the child named above may suffer or incur as a result of the actions of Dearborn Heights Montessori Center or in procuring medical treatment.

I certify that the child named above is in good health and free from any communicable disease or illness.

MODEL/PUBLICITY RELEASE

I give permission for the above-named child's name, photograph, video or voice recording to be used for informational or publicity purposes in news stories, press releases, or similar items.

FIELD TRIP PERMISSION/RELEASE

I give permission for the above-named child to participate in field trips or outings with Dearborn Heights Montessori Center. Transportation, when necessary, will be provided by private car, with each child properly restrained, or by contracted bus. Supervision will be provided by DHMC staff and parents or other volunteers. On any field trip or outing, I understand that Dearborn Heights Montessori Center is not responsible for unavoidable accidents or the negligence or actions of persons not employed by or acting for DHMC.

LUNCH AGREEMENT

I agree to provide a lunch for my child on days when he or she will be at school during the lunch period.

DISMISSAL AGREEMENT

I acknowledge that Dearborn Heights Montessori Center will release my child to only those persons authorized on the Child Information Page. I further acknowledge agreement with DHMC's standard procedures used at the release of children in special circumstances.

I understand that DHMC personnel are not trained to make assessments relating to intoxication or other impairment and therefore assume no responsibility to assess the competency or condition of any individual appearing to pick up a child. DHMC assumes no responsibility for any injury or harm to a child who has been released to a person listed on the Child Information Page or who is authorized by a parent, either verbally or in writing, to pick up a child. DHMC staff respect each family's privacy. However, where other questionable child release situations occur, they have a duty to maintain their role as the child's advocate.

STATEMENT OF UNDERSTANDING

I have read the program description, policies and information, day care or latchkey policies and procedures, and tuition and fee schedule of Dearborn Heights Montessori Center. I understand and agree with the philosophy and policies, and accept the conditions and terms stated therein. Dearborn Heights Montessori Center reserves the right to modify the rules and policies at its sole discretion with written notice. Such notice requirements shall not be applicable in the event of emergencies or licensing mandates.

Enrollment, as specified within this Enrollment Contract, may be canceled by the parents or guardians in writing, without penalty (except forfeit of the Registration Fee) prior to May 10 of the year the child is to begin attending. If enrollment is canceled after May 10 of that year, parents or guardians financially responsible for the student are obligated to pay the full annual charges.

If any provision of this contract, program policies or procedures is held invalid or unenforceable, it should be ineffective only to the extent of the invalidity, without affecting or impairing the validity or enforceability of the remainder of the provision or the remaining provisions and intent of this contract. No waiver by DHMC of any right or remedy on one occasion shall be a waiver of that right or remedy on a future occasion.

This contract constitutes the entire agreement among the parties to it and supercedes any prior understandings or agreements. Each party acknowledges and states that no representation, inducement, or condition not set forth in this contract has been made or relied upon by either party.

This contract shall be interpreted in accordance with the laws of the State of Michigan.

My signature below affirms that I have read, understand and accept the terms and conditions of this contract.

Signatures of parents or guardians financially responsible for student:

Father/Guardian Signature Date Signed

Mother/Guardian Signature Date Signed

For Dearborn Heights Montessori Center, Inc. Date Signed

A non-refundable registration fee of \$500 must accompany this application.
Return to: DHMC, 466 N. John Daly, Dearborn Heights, MI 48127-3703