



RICHMOND HILL MONTESSORI PRESCHOOL

2933 US HWY 17, Richmond Hill, GA 31324

Tel: (912) 756-4554 • Fax: (912) 445-0286

Email: info@richmondhillmontessoripreschool.com

Richmond Hill Montessori Enrollment Packet

Thank you for your interest in Richmond Hill Montessori Preschool and our offered programs. We are glad that you have chosen to allow our program to be an integral part of your child's educational learning. Please fill out this application in its entirety and return to the office.

As part of our enrollment process, you may be required to fill out and bring in additional documentation. Please consider the following checklist:

6wks – 12mos:

- _____ Richmond Hill Montessori Enrollment Packet
- _____ Infant – Preschool Tuition Agreement Form (included in this packet)
- _____ New Infant Enrollment Forms
- _____ Copy of Birth Certificate
- _____ Copy of an Updated Form 3231 (Immunization Record)
- _____ Completed Tuition Express Form (used for billing)

12 – 48mos:

- _____ Richmond Hill Montessori Enrollment Packet
- _____ Infant – Preschool Tuition Agreement Form (included in this packet)
- _____ Copy of Birth Certificate
- _____ Copy of an Updated Form 3231 (Immunization Record)
- _____ 3 Year-Old AAP Form Well Child – HE0493
- _____ Completed Tuition Express Form (used for billing)

Young Learner (before/after school):

- _____ Richmond Hill Montessori Enrollment Packet
- _____ Young Learner Registration Form
- _____ Copy of Birth Certificate
- _____ Copy of an Updated Form 3231 (Immunization Record)
- _____ Completed Tuition Express Form (used for billing)

Thank you for choosing Richmond Hill Montessori.



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Who can we thank for referring you to Richmond Hill Montessori Preschool?

INFANT – PRESCHOOL TUITION AGREEMENT FORM

At the time of your child's enrollment and every year thereafter, you will be asked to sign a tuition agreement. An annual registration/supply fee of \$160 and \$90 respectfully is due upon your child's enrollment into the center and on August 1st of each year thereafter.

A \$25 late fee will be assessed to the account if payment is not received within 3 days of the payment due date. RHM will gladly continue to care for your child provided tuition and late fees have been paid. RHM reserves the right to **deny** child care on delinquent accounts.

There will be a service charge of \$35.00 for all returned ACH payments and a late fee of \$25. The now late payment must be made by money order or cashier's check.

All children must be picked-up no later than 6:00 p.m. Anyone arriving after 6:00 will be charged \$20.00 plus an additional \$1.00 every minute. This fee must be paid before the child may return to school.

All tuition amounts are based on the total yearly cost of the program. The monthly fees are a breakdown of this yearly cost to facilitate parent payments.

Child's Name

Guardian's Print Name

Guardian's Signature

Date



**Enrollment Application
2021-2022**

Today's Date: _____

Child's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of Birth
Home Address			
City/State	Zip Code		
Parent/Guardian	Parent/Guardian		
Cell Phone # & Provider	Cell Phone # & Provider		
E-mail Address	E-mail Address		
Employer	Employer		
Employer Address	Employer Address		
Employer Phone	Employer Phone		
When is your anticipated start date?	Previous School (if applicable)		
(Elementary Only) Which public school do you attend?			
How did you hear about us?			

Tuition and Programs: Infant - Preschool

Registration: \$160 / Academic Year

Supply Fee: \$90 / Academic Year

(Choose One)

Program	Semi-Monthly	Monthly
Infant (6 Weeks-12 Months)	<input type="checkbox"/> \$559	<input type="checkbox"/> \$1,118
Toddler (12 Months – 24 Months)	<input type="checkbox"/> \$529.50	<input type="checkbox"/> \$1,059
Twos (24 Months-36 Months)	<input type="checkbox"/> \$512.50	<input type="checkbox"/> \$1,025
Preschool (36 Months – 48 Months)	<input type="checkbox"/> \$477.50	<input type="checkbox"/> \$955

Young Learning Registration Program: Pre-K – 7th Grade (Limited Availability)

Registration: \$40/ Academic Year

Homework Guidance, Arts & Crafts, Outdoor Supervised Activities, Free Choice Activities, Nutritious Snack Offered Daily

Program	Tuition
Before School	<input type="checkbox"/> \$150 / Month
After School	<input type="checkbox"/> \$189 / Month
Before and After	<input type="checkbox"/> \$280 / Month
Holiday Camp	<input type="checkbox"/> \$40 / Day



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Additional Authorization List

I also recognize the following individuals as emergency contacts/authorized pick-ups:

**Please include home addresses for each individual listed. *Please note any future changes must be done in person or in writing*

Name #1: _____ Relationship: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ **Authorized Pick-up** **Emergency Contact**

Name #2: _____ Relationship: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ **Authorized Pick-up** **Emergency Contact**

Emergency Information

Does your child have any unusual health conditions? No Yes _____

Does your child have any physical handicaps? No Yes _____

Does your child have any drug allergies? No Yes _____

Does your child have any food allergies/preferences? No Yes _____

My child has the following special need(s): _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

Child's Physician: _____ Phone Number: _____

****In the event of an extreme emergency I understand that my child will be transported by the Richmond Hill Ambulance Services to St. Joseph Hospital for care.*

Before Coming to RHMP my Child was Cared for:

At another child care center: _____ By an in-home babysitter

At home by a parent/guardian or grandparent Other: _____

Parental Agreement

RHMP agrees to provide care for my child, _____, on Monday – Friday, from 6:30 a.m. to 6:00 p.m. not to exceed more than 10 hours daily. My child will participate in the following:

Breakfast (7:30-8:00am) Morning Snack (12 – 36 mts @ 10:00am) Lunch (11:00am) Afternoon Snack (2:00pm)

Before any medication is dispensed to my child, I will provide a written authorization, which includes: name of child, date, name of medication, prescription number (if applicable), dosage(s), date and time of day medication is to be given. Medication will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), or person authorized by the parent(s), or facility personnel. Only before/after school (extended care) children will be signed in/out at the front desk by guardian and escorted to proper room. All other Lottery Pre-K are required to use car rider line.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me reasonably informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child. The facility also agrees to advise me of my child's progress and issues related to my child's care and special needs.

Richmond Hill Montessori Preschool agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two feet deep.

I am encouraged to participate in special activities at the center. I authorize Richmond Hill Montessori Preschool to obtain emergency medical care for my child when I am not available. I have received a copy and agree to abide by the policies and procedures for Richmond Hill Montessori Preschool.

Child's Name

Guardian's Print Name

Guardian's Signature

Date



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Authorization to Dispense External Preparations 590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of the parent.

I give Richmond Hill Montessori Preschool permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- Baby wipes
- Band-Aids
- Neosporin or similar ointment
- Bactine or similar first aid spray
- Sunscreen (*Rocky Mountain Peak*)
- Insect Repellant (*Parent Provided*)
- Non-Prescription ointment (*Vaseline*)

Sunscreen and Insect Repellant Authorization

- RHM will apply Rocky Mountain Peak Sunscreen for all of our students in the afternoon. Rocky Mountain Peak is SPF 50, fragrance free, oxybenzone free, water resistant for 80 minutes, hypoallergenic, and greaseless.
- Parent will apply the sunscreen of choice on their student in the morning prior to dropping off.
- Parent will provide insect repellant of choice in the original container with valid expiration date, and labeled with student's name for teacher and classroom use (must be non-aerosol cans & non-lotion/cream).
- Sunscreen will not be applied on students under 6 months.

I give Richmond Hill Montessori Preschool permission to apply the program provided sunscreen Rocky Mountain Peak (SPF 50) and the non-aerosol can insect repellant _____ (parent provided) in the afternoon prior to going outside.

**I understand that it is my responsibility to apply sunscreen to my child in the morning prior to drop off and the teacher's will reapply in the afternoon prior to going outside when applicable.*

Audio, Video, and Photo Release Agreement

I / We **consent** **do not consent** to my / our child being tape recorded, video recorded, or photographed for educational or publicity purposes while participating in the regular activities of this program.

Parent Handbook Agreement

Please visit our webpage at www.richmondhillmontessoripreschool.com for additional parent resources. Classroom lesson plans, program monthly lunch menu, yearly school calendar with building closure dates, and a copy of the most current parent handbook can be found on this webpage.

****Please see an administrator for the password to the password protected pages on the webpage****

I have read the RHM Parent Handbook and understand its content.

Child's Name

Guardian's Printed Name

Guardian's Signature

Date



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Parent Responsibility Agreement

- I agree to communicate with provider regarding the needs of the child.
- I agree to immediately inform the childcare center of any changes in emergency/contact information.
- I agree to keep child's immunizations/physical records current as required by Department of Children & Families.
- I agree to keep a sick child home, including a child that is too ill to participate in the daily indoor and outdoor activities, or pick up a sick child in a timely manner (less than 1 hour) in accordance with the policy.
- I agree to meet with child's teacher to discuss my child's portfolio, progress notes, development, and plan goals together
- I agree to volunteer our time, talent, and/or services to the classroom or school on one or more occasions.
- I understand that my child may participate in unscheduled field trip/activity, such as emergency evacuations.

Center Responsibility Agreement

- We agree to communicate with parent regarding the needs of the child.
- We agree to immediately inform parents through weekly newsletters, text messages, FB postings, bulletin board, etc.
- We agree to keep a current copy of child's records provided by the parent as required by Department of Children & Families.
- We agree to inform parent of a sick child and isolate a sick child in a timely manner in accordance with policy.
- We agree to meet with child's parent after 6 weeks and near the end of the school year to discuss child's portfolio, progress notes, and develop and plan goals together for the current and following year.

Emergency Medical Agreement

Should my child suffer any injury or illness while in the care of Richmond Hill Montessori Preschool and the facility are unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as necessary. I understand that any and all medical expenses incurred during the treatment of my child are my responsibility. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Biting Policy Agreement

Biting is a natural part of a child's development. Children bite for a wide variety of reasons such as teething, lack of verbal skills, over stimulation, hunger, tiredness, aggression, attention-getting device, etc. Biting is an issue that often surfaces when infants, toddlers and preschoolers are in a child care setting. **Biting, however, is not an acceptable behavior at Richmond Hill Montessori.**

The staff will carefully, thoughtfully, and consistently handle the biting situation by:

- Stopping the action quickly by saying "No" or "Stop"
- Assessing the situation quickly to determine the cause of biting (frustration, hunger, teething, fatigue, separation anxiety, etc.)
- Attending to the child that has been bitten with lots of TLC and attention
- Redirecting the child who bit to another activity or area
- Finishing the interaction on a positive note by reassuring the child who bit that he/she is still important to you and the rest of the staff.

If a bite breaks the skin and or draws blood the child will be sent home for the day. A staff member will notify the parents of the child who bit and the child who was bitten stressing the severity or mildness of the incidents. If a child bites twice in one day, staff will contact the guardians to pick up the child. It is mandatory for you to pick up your child from the center within one hour. No exceptions. Staff will continue working with the family to stop the biting behavior.

The staff will assess the room and modify any necessary changes to better help the child to stop the biting. If nothing works and the child continues to bite and injure other children, it will be necessary for the parent to make other childcare arrangements. At which time the child will be asked to withdraw from the program, the parents will be given one (1) week to find other suitable childcare arrangements.

It is the responsibility of the childcare center staff to ensure the safety of all children under our care.

Child's Name

Guardian's Print Name

Guardian's Signature

Date

FAMILY INFORMATION FORM – Students 12 months or older

CHILD GENERAL INFORMATION			
Child's Name:	DOB:	Sex:	Place of Birth:
If your child is adopted, list age at adoption:		Is child aware of adoption?	
PARENT/GUARDIAN INFORMATION			
Name of Father/Guardian:	Age:	Occupation:	
Name of Mother/Guardian:	Age:	Occupation:	
Marital Status of Parents:			
Custody/Visiting Arrangements:			
Please describe your guidance/discipline styles and strategies:			
When your child is upset, how do you comfort them?			
HOUSEHOLD INFORMATION			
Other members of the household (List name, age, and relation):			
Siblings not residing in the household (name and age):			
Other than yourself, who has cared for your child?			
Is there any other language other than English that is spoken in the home? If yes, what language?			
Family Nationality:			
Religious preference:			
Are there any holidays that you do not wish your child to celebrate? If yes, which ones?			

DOES YOUR CHILD...	Yes	No	Comments
Prefer to play alone?			
Prefer to play in groups?			
Have pets?			
Hear well? If no, please explain			
Have good vision? If no, please explain			
Talk like other children?			
Walk, run and climb like other children?			
Have any diagnosed physical conditions or disabilities? If yes, please list in comments.			
Have a special needs diagnosis? If yes, please specify in comments.			
Have any special fears? What are they?			
Take correction easily?			
Have a history of hospitalization? When/why?			
Have any recent medical problems? Please list.			
Take any special medications? List what and why			
Receive any special services? If yes, what services?			

DOES YOUR CHILD...	Yes	No	Comments
Have frequent colds?			
Have frequent ear aches?			
Have frequent sore throat?			
Have frequent stomach aches?			
Have frequent fevers?			
Have food allergies? If yes, please specify			
Follow a specialized diet?			
Have any food dislikes or eating problems? List			
Feed them self?			
Use utensils successfully?			
Use the toilet independently? Include words used			
Have regular bowel movements?			
Have any problems with constipation?			
Have any problems with diarrhea?			
Exhibit Separation Anxiety? Describe in comments			
Have a security object or favorite toy?			
Use a pacifier?			
Sleep well?			
Sleep in his/her bed?			

What time does your child go to bed?	Wake up?	Nap?
Describe your child's go-to-sleep routines		
Describe your child's wake-up routines		

What goals do you have for your child upon entering Richmond Hill Montessori?	
What are your expectations of Richmond Hill Montessori? What do you hope will be included in your child's pre-school program?	
Has your child gone to pre-school or daycare before? Please describe your previous experience.	

My Child Is... (Check All That Apply)	
<input type="checkbox"/> Happy	<input type="checkbox"/> Aggressive
<input type="checkbox"/> Dependent	<input type="checkbox"/> Stubborn
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Friendly
<input type="checkbox"/> Moody	<input type="checkbox"/> Clumsy
<input type="checkbox"/> Fearful	<input type="checkbox"/> Quiet
<input type="checkbox"/> Good-natured	<input type="checkbox"/> Even-tempered
<input type="checkbox"/> Attentive	<input type="checkbox"/> Sympathetic
<input type="checkbox"/> Shy	<input type="checkbox"/> Sleepy
<input type="checkbox"/> Other:	

My Child Can... (Check All That Apply)		
<input type="checkbox"/> Say Nursery Rhyme	<input type="checkbox"/> Sing Songs	<input type="checkbox"/> Listen to Stories
<input type="checkbox"/> Say his or her name	<input type="checkbox"/> State age & sex	<input type="checkbox"/> Draw a person
<input type="checkbox"/> Follow simple directions	<input type="checkbox"/> Count How far? _____	<input type="checkbox"/> Recognize and name common objects
<input type="checkbox"/> Dress independently	<input type="checkbox"/> Ride a tricycle	<input type="checkbox"/> Throw & catch a ball
<input type="checkbox"/> Name basic colors	<input type="checkbox"/> Hop on 1 foot	<input type="checkbox"/> Balance on one foot
<input type="checkbox"/> Write name		
Other (Note significant accomplishments):		

3 YEAR WELL CHILD FORM - OPTIONAL

<u>Accompanied by/Informant</u>		<u>Preferred Language</u>	<u>Date/Time</u>	<u>Name</u>		
<u>Drug Allergies</u>		<u>Current Medications</u>		<u>ID Number</u>		
<u>Weight (%)</u>	<u>Height (%)</u>	<u>BMI (%)</u>	<u>Blood Pressure</u>	<u>Temperature</u>	<u>Birth Date</u>	<u>Age</u> M F

History	Physical Examination
----------------	-----------------------------

<input type="checkbox"/> Previsit Questionnaire Reviewed	<input type="checkbox"/> Child has special health care needs
<input type="checkbox"/> Child has a dental home	

Concerns and questions: None Addressed (see other side)

Follow-up on previous concerns: None Addressed (see other side)

Interval history None Addressed (see other side)

- NL
- | | | |
|--|---|--------------------------------------|
| Bright Futures Priority | Additional Systems | |
| <input type="checkbox"/> Eyes (red reflex, cover/uncover test) | <input type="checkbox"/> General Appearance | <input type="checkbox"/> Lungs |
| <input type="checkbox"/> Teeth (canines, white spots, staining) | <input type="checkbox"/> Head | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Neurologic (language, speech, social interaction) | <input type="checkbox"/> Ears | <input type="checkbox"/> Abdomen |
| | <input type="checkbox"/> Nose | <input type="checkbox"/> Genitalia |
| | <input type="checkbox"/> Mouth and Throat | <input type="checkbox"/> Extremities |
| | <input type="checkbox"/> Neck | <input type="checkbox"/> Back |
| | | <input type="checkbox"/> Skin |

Abnormal findings and comments _____

Assessment

Well Child

Social/Family History

See initial History Questionnaire No interval change

Family situation

Parents working outside home Mother Father

Child care: Yes No Type: _____

Preschool: Yes No Type: _____

Changes since last visit: _____

Anticipatory Guidance

- Discussed and/or handout given**
- | | | |
|--|---|---|
| Family support | Playing with Peers | Safety |
| <ul style="list-style-type: none"> • Show affection • Manage anger • Reinforce appropriate behavior • Reinforce limits • Find time for yourself | <ul style="list-style-type: none"> • Encourage appropriate play • Encourage fantasy play • Encourage play with peers | <ul style="list-style-type: none"> • Car safety seat • Supervise play near cars and street • Safety near windows • Guns |
- Promoting physical activity**
- Family exercise activities
 - Limit screen time (max 2 hr/day)
 - No TV in bedroom
- Encourage literacy activities**
- Read, sing, play
 - Talk about pictures in books
 - Encourage child to talk

Review of Systems

See Initial History Questionnaire and Problem List.

No interval change

Changes since last visit: _____

Nutrition: _____

Elimination: NL _____

Toilet training: Yes In process _____

Sleep: NL _____

Behavior/Temperament: NL _____

Physical activity

Play time (60 min/d) Yes No

Screen time (<2 h/d) Yes No

Parent-child interaction

Communication: NL _____

Choices: NL _____

Cooperation: NL _____

Appropriate responses to behavior: NL _____

Plan

Immunization (See Vaccine Administration Record)

Laboratory/Screening results: Vision _____

Referral to _____

Follow-up/Next visit _____

See other side _____

Development (if not reviewed in the Pre-visit Questionnaire)

Social-Emotional	Communications	Physical Development
<ul style="list-style-type: none"> • Self-care skills • Imaginative play 	<ul style="list-style-type: none"> • 2-3 sentences • Usually understandable • Names a friend • Names objects • Knows if boy or girl 	<ul style="list-style-type: none"> • Builds tower (6-8 blocks) • Stands on foot • Throws ball overhand • Walks upstairs alternating feet • Copies circle • Draws person (2 body parts) • Toilet trained during day

Print Name	Signature
Resident	
Provider	

Program Survey Form: **Military Families (Optional)**

The survey date is _____

STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name Richmond Hill Montessori Preschool	
Address		City		State	Zip Code	
If the above property is a federal property, enter the name of the property.		Name of federal property				

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States *and* 2) either parent/guardian with whom the student resided was employed on federal property, *or* 3) either the parent/guardian reported to work on federal property *on the survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer			
Address of Parent/Guardian's Employer		City	State	Zip Code	
Name of federal property					
Address of federal property		City	State	Zip Code	

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

PARENT/GUARDIAN EMPLOYMENT INFORMATION: FARMING, GRAZING, LUMBERING AND MINING

Enter information in this section if either the parent or guardian spent more than 50 percent of his or her working time on federal property (whether as an employee or self-employed) engaged in farming, grazing, lumbering or mining.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent's/Guardian's Employer			
Address of Parent/Guardian's Employer		City	State	Zip Code	
Name of federal property		Address of federal property			
Permit Number	Township	Range	Section		

→ Signature of Parent/Guardian _____ → Date _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

Child's Name

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

I (we) hereby authorize **Richmond Hill Montessori Preschool** (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

Checking Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____



For Official Use Only

Date Received
Employee Signature



A service of

