CANYON CREEK
EDUCATION

Bell Canyon Montessori 1690 E. 11400 S. Sandy, UT 84092 801-571-1515

Child's Name: _____ M___F___ Birthdate:_____
Address: _____Child's Nickname : _____
City/State/Zip: _____
Mother's Name: _____Married_____Single_____*Divorced_____Widowed_____
Address: _____Hm Tel:__ _____ Cell: _____
City/State/Zip: _____E-Mail_____
Employer: _____Work Phone: _____Position: _____
Father's Name: _____Married_____Single_____*Divorced_____Widowed_____
Address: _____Hm Tel:__ _____ Cell: _____
Employer: _____Work Phone: _____Position: _____
City/State/Zip: _____E-Mail_____
***If divorced, who has custody of your child? Mother____ Father____ Copy of custody agreement provided _____**
****If you would like to receive newsletters & calendars by email please provide your email: _____**

_____

General Information

Who may pick up your child? _____

_____

Your child may not be released to anyone not on the above list without notice from you.

Who to call in case of an emergency and parents cannot be reached? Please list:

Name: _____Address:_____Phone #: _____
Name: _____Address:_____Phone #: _____

Please provide us with an out of area/state emergency contact person if available.

Name: _____Address:_____Phone #: _____
Siblings? _____
Previous school experience: _____How did you hear about us? _____

ANNUAL CHILD HEALTH HISTORY/ASSESSMENT

Please check all that apply and list any health information needed to care for your child.

Any allergies/sensitivities to:	No	Yes	If yes, please list
Medications	___	___	_____
Foods	___	___	_____
Other	___	___	_____

Any chronic illnesses or medical conditions: _____
Any physical behavioral problems: _____
Medication your child takes daily: _____
Name of child's Physician: _____Phone #: _____
Name of child's Dentist: _____ Phone #: _____
Instructions for your child's emergency care: _____
Insurance Co _____Policy # _____

Schedule _____ Tuition _____
Enrollment fee (non-refundable) _____ Month Started _____

Canyon Creek Parent Contract:

I understand that I am enrolling and responsible for my child's tuition for the entire school year or the remainder of the school year if enrolling during mid-year.

I understand that a 30 day written notice is required in the event of a schedule change or an early withdrawal from Canyon Creek schools. I understand that I am still responsible for that month's tuition.

I understand that the Enrollment fee is non-refundable.

I understand that there are no refunds, tuition adjustments or make up days if or when my child is absent from school due to illness, vacation or other absences.

I understand that I agree to pay all costs of collection and reasonable attorney fees incurred by Canyon Creek Education, in collection of outstanding charges on my account.

I understand that I will be charged with a $25.00 late fee for tuition received after the 10th of each month.

I agree to the scheduled arrival and departure times I have chosen for my child. If I arrive late or drop off early I am responsible for payment for the extra care.

I understand that if my child is picked up after 5:30pm at Bell Canyon an additional charge of $2.00 per minute per child will be accrued. This must be paid to the staff member in charge at the time of picking your child up. There are no exceptions to this rule.

I understand that I will be charged a $39.00 returned check fee.

I give consent for my child to accompany his/her class on field trips, whether walking or riding in a Canyon Creek Education staff vehicle or a parent volunteer's vehicle.

I give consent for my child to be photographed and/or video taped. This may include parents that may wish to videotape parties or events. If your child's picture will be used for advertising you will receive a separate permission form from Canyon Creek Schools.

Canyon Creek/Bell Canyon Montessori School has my permission to secure needed medical care and emergency medical transportation should an emergency occur and I cannot be contacted.

By signing this form I acknowledge that I have read and understand the above statements.
I understand that these consents/agreements remain in effect until I change or update then IN WRITING.

_____ _____

Parent/Legal Guardian Signature Date

_____ _____

Director's Signature Date

If a child exhibits aggressive behaviors which could jeopardize the well-being of any student or adult in the center, that child shall be excluded from the center. The decision to exclude a child from a Canyon Creek School would be reached only after a conference is held between that child's parents, the teacher and the schools Director.