



# Children's House

## MONTESSORI SCHOOL

ADDRESS: 1301 7th St E Whitefish, MT 59937

WEB: [www.chmswhitefish.org](http://www.chmswhitefish.org)

TEL: (406) 863-4685

EMAIL: [admin@chmswhitefish.org](mailto:admin@chmswhitefish.org)

### ENROLLING FAMILIES:

Registration is now open for the 2020-2021 school year. Spaces are filled on a first-come, first-served basis. The office will begin accepting packets at 8AM on Monday, April 27<sup>th</sup>.

**Current families must return their registration packets on or before May 1<sup>st</sup> in order to receive in-house priority placement.**

**Any registration packets submitted prior to 8am Monday April 27<sup>th</sup> will not be accepted.**

### ACADEMIC PROGRAMS

- ❖ **Primary Program (8:45-12:30/3:15, full or half day options):** Our primary program is for children 3-6 years old and includes the kindergarten year. Children must be *fully independent in the bathroom* by the start of school to enroll in this program. Our certified Montessori teachers in *Birch* and *Aspen* will guide your child through the Montessori curriculum and corresponding materials while nurturing a love for learning. Morning and full day students will need to bring a lunch; all families will be responsible for bringing a snack and milk for their whole class at least once a month. Three mornings per week (TWTH) is reserved for three year old students with limited spaces available.
- ❖ **Early Learners Program (8:45-12:30/3:15, full or half day options):** The *Saplings* program is for children who are 2-3 years old. The pace is unhurried, thus supporting the child in these early strides for independence. A certified Montessori teacher will lead the children through all aspects of socialization, early language and math lessons, spatial relationships and sensory education. ***Children do not need to be potty trained to enter this program.*** All families will be responsible for bringing a non-perishable snack item for their whole class at least once a month. Two year olds must attend at least 2 mornings per week; we suggest that three year olds attend at least 3 mornings per week.

### BEFORE and AFTER SCHOOL CARE

**Before School Program (8:00-8:45)**

**After School Program (3:15-5:30)**

**Please refer to the Parent Handbook for more information on the Montessori Method, specific program information, primary program readiness, and general policies and procedures.** All families will receive a digital CHMS Parent Handbook with your confirmation letter.

**Tuition and Registration fees:** Tuition is billed in **9 equal payments** charged monthly (September through May). Please refer to the Class and Fee Schedule for a list of our program fees. The registration fee is \$100 for the first child, and \$50 per additional child enrolled at CHMS. This fee must be turned in with your paperwork.

**Two weeks tuition payment/deposit:** CHMS requires a deposit of 2 weeks full tuition payment for fall enrollment prior to guaranteeing a child's spot in the classroom. Families will receive an invoice for advance payment due on or before June 1st with their welcome packet. This advance tuition deposit is non-refundable and will be deducted from the first month's tuition total. If this payment is not received by the date listed above your child will no longer be guaranteed placement within our school.

**Scholarships:** CHMS has scholarship aid available for tuition assistance. We encourage anyone who is interested to apply for a scholarship. An application can be requested by calling or stopping in the office. Scholarship applications are held in the strictest confidence. Families have 60 days from the time of enrollment to submit an application for scholarship assistance; however, all are welcomed to request an application at time of enrollment.

**Your registration will not be processed until ALL of the following documents are current and on file.**

The following materials are required for each child enrolling:

1. Signed Enrollment Agreement
2. Signed Emergency Contact Form
3. Signed CHMS Family Contact List
4. Community Hours Checklist
5. **Up-to-date Immunization Records. Fax #863-2873 - No child may begin school without UP-TO-DATE immunizations submitted and approved by the CHMS office as required by state law.**
6. Signed Over-The-Counter Medication Authorization Form
7. Non-refundable Registration \$100 Fee (deposited when a space is secured for your child)
8. Signed CHMS Agreement and Acknowledgement Waiver

If you are a current CHMS family and have an outstanding balance greater than 30 days, you will not be allowed to register for the next school year (or summer program) until the balance has been paid in full.

You will be responsible for the first month of tuition if you withdraw your enrolled child from a fall program after **August 1<sup>st</sup>**.

You may return your registration materials to the CHMS office, or via email to [admin@chmswhitefis.org](mailto:admin@chmswhitefis.org). Email submissions will incur an additional processing fee. If you have any questions, please call the office at 863-4685.

*Amanda Fleming*  
Administrator  
[admin@chmswhitefish.org](mailto:admin@chmswhitefish.org)

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: **Current families must have all registration materials** :  
: **turned in on or before May 1<sup>st</sup> to receive in-house priority.** :  
: .....  
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# Children's House Montessori School

## 2020-2021 Enrollment Agreement

CHILD'S NAME: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Child's Age as of September 1, 2020: \_\_\_\_\_ Gender: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Child currently lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Shared Custody ☐ Legal Guardian

Name(s) and age(s) of child's siblings: \_\_\_\_\_

### CONTRACT STATEMENT

I understand that payment of two weeks tuition and the registration fee reserves a position for my child in Children's House Montessori School for the 2020-2021 school year. I understand that once my application has been accepted and my registration confirmed, this fee is **non-refundable**.

During this term, I agree to pay tuition by the 15<sup>th</sup> day of each month. I understand that paying on or after the 25<sup>th</sup> of any month will add a \$25 late fee to my account. Payment of this tuition makes me a member of the Children's House Montessori School Corporation, which gives me the right to attend board meetings. **I also agree to serve a minimum of 18 community hours each school year at CHMS.** If my family is unable to contribute 18 hours per school year to CHMS, I agree to pay \$20.00/hour in lieu of my time, with a maximum of \$360/year.

Further, I agree to give Children's House Montessori School **30 days notice** before withdrawing my child from the school or changing his/her schedule. If I do not provide 30 days notice, I agree to pay Children's House Montessori School full tuition for the period of 30 days after notice is actually provided. I will be responsible for the first month of tuition if I withdraw my enrolled child from a fall program after **August 1**.

I understand that the **required forms, current immunizations, and a paid registration fee must be on file before my child can attend any program at Children's House Montessori School.**

By signing below I certify that I have read the above Contract Statement. I understand and agree to abide by all of the policies, procedures and rules stated in the CHMS Parent Handbook and the Contract Statement.

Signature of Parent or Guardian

Date

## 2020-2021 Enrollment Selection

**CHMS Registration Fee is \$100 for your first child; \$50 for each additional child.**

The \$100 Registration Fee is refunded in September for families with a child at CHMS in their Kindergarten Year.

Please see the attached ***Fee Schedule*** for tuition rates and specific eligibility requirements.

**Primary Program** ☐ / **Kindergarten** ☐ (Check one box and circle your needs below)

1st Choice:	M-F Full Day 8:45-3:15	4 Full Days 8:45-3:15	TWTH Full days 8:45-3:15
	M-F Mornings 8:45-12:30	4 Mornings 8:45-12:30	TWTH Mornings* 8:45-12:30

**4 day selection:** Please circle MONDAY or FRIDAY

2nd Choice:	M-F Full Day 8:45-3:15	4 Full Days 8:45-3:15	TWTH Full Days 8:45-3:15
	M-F Mornings 8:45-12:30	4 Mornings 8:45-12:30	TWTH Mornings* 8:45-12:30

**4 day selection:** Please circle MONDAY or FRIDAY

\*TWTH mornings reserved for three year olds only and space is limited.

**Early Learner** Two day minimum for 2 year olds; three days minimum for 3 year olds.

Half Day 8:45-12:30	M	T	W	TH	F
Full Day 8:45-3:15	M	T	W	TH	F

**Before & Afterschool** (Circle your needs below)

Before School (8:00-8:45)	M	T	W	TH	F
After School (3:15-5:30)	M	T	W	TH	F

Estimated drop off and pick up times: \_\_\_\_\_

**Note:** All Program options require a lunch brought from home.

**\*\*\* For Office Use Only \*\*\***

Date/Time Received: \_\_\_\_\_ Emergency Contact Signed: \_\_\_\_\_ Responsibility Form Signed: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Immunizations Approved: \_\_\_\_\_ OTC Form Signed: \_\_\_\_\_

Enrollment Agreement Signed \_\_\_\_\_ Family Contact Form Signed: \_\_\_\_\_

# Children's House Montessori School

## 2020-2021 Class and Fee Schedule

*Registration fees are \$100 for the first child; \$50 for each additional child.*

<b><u>FULL TIME Program Rates</u></b>	
<i>*Includes before and after school care*</i>	
<b>5 Full Days 8:00-5:30</b>	<b>Monthly</b>
Primary	\$960
Saplings	\$1,000
<b><u>Aspen and Birch Primary Program Rates</u></b>	
<i>*Ages 3-6 years old*      *Must be independent in the bathroom*</i> <i>Children turning 4 by January 1<sup>st</sup> must attend our Primary program.</i>	
<b>Full Time Discount Rate - 8:45-3:15 pm</b> (Must be enrolled 5 full days)	<b>\$38/Day</b>
<b>Full Day Program - 8:45-3:15 pm</b>	<b>\$46/Day</b>
<b>Half Day Program 8:45 am-12:30 pm</b>	<b>\$30/Day</b>
<b><u>Saplings Early Learner Program Rates</u></b>	
<i>*Ages 2 to 3 years old*      *Children in diapers welcome*      *2 day minimum*</i>	
<b>Full Time Discount Rate - 8:45-3:15 pm</b> (Must be enrolled 5 full days)	<b>\$40/Day</b>
<b>Full Day Program - 8:45-3:15 pm</b>	<b>\$48/Day</b>
<b>Half Day Program 8:45 am-12:30 pm</b>	<b>\$32/Day</b>
<b><u>Before and After School Programs</u></b>	
<i>*Before and after school care for children in all programs*</i>	
<b>Before School 8:00-8:45</b> can be added for a flat rate of \$80/month <b>After School 3:15-5:30</b> can be added for a flat rate of \$120/month  <b>Drop-In Rates are \$8.00/hour with a minimum of 1 hour charged</b> Drop-in rates apply for any additional time outside your normal program	

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### RESPONSIBILITY AND ACKNOWLEDGEMENT

I am aware and agree that I am personally liable for all amounts owing to Children's House Montessori School (CHMS) under this Agreement. If any other person or entities to be financially responsible or if a special financial arrangement is made, it must be in writing and signed by all parties or entities and provided to CHMS. If any past-due amounts owed are submitted to a collection company, I understand and am aware that I am responsible for any attorney's fees, the cost of the collection, and the collection company's fees that are in addition to the amount owed CHMS.

If I am single, married, separated or divorced, I am aware and agree to provide all relevant temporary or permanent custody and visitation orders from the court, along with specific written stipulations or other agreements, regarding release of information about the child to the non-custodial parent or guardian. A court-ordered parenting plan, divorce decree, or other written agreement signed and acknowledged by both parties or a judge, or other applicable documents, may be asked to be provided to CHMS at any time, including enrollment or re-enrollment. Please notify CHMS and provide the supporting documentation of any change of marital or custody status during the time your child is enrolled and attending CHMS.

CHMS requires parent's (or guardian) support of The Montessori Philosophy of Education. Without that support, CHMS reserves the right to not enroll or re-enroll the child.

I understand that CHMS believes that a positive and constructive working relationship between the school and the child's parents (or guardians) is essential to the fulfillment of the mission of CHMS. Therefore, CHMS reserves the right to terminate enrollment or not re-enroll a child if the school reasonably concludes that the actions of a parent (or guardian) make a positive and constructive relationship impossible or otherwise seriously interfere with CHMS's accomplishment of its educational purposes.

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**Signature and Print Name**

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**Date**

# Community Volunteer Hours Checklist

Parent Name(s) \_\_\_\_\_ Children at CHMS \_\_\_\_\_

The Montessori philosophy of education stresses the importance of having parents fully involved in their child's school. Furthermore, by instituting a policy for community hours, we can assure that high-quality Montessori education remains affordable and continues in Whitefish.

We require at least 18 community hours each school year for ***all*** enrolled families. **This includes families enrolled in full time and part time programming.** At least 3 of your community hours **MUST** be dedicated to one of our fundraisers. We also encourage each family to help with our seasonal grounds cleaning.

This policy was developed as a way to strengthen our community's bonds and also to utilize the talents of our parents. Please choose activities that best suit your schedule and abilities from the list of jobs and submit the form with your enrollment papers. *We regret to inform you that items donated for the auction cannot be used towards community time.*

Each time you participate and help our community, fill out a CHMS Community Hours Reporting form (located in both the building foyers) describing what you did and the amount of time spent. This is the only way the administration tracks and authorizes your community hours.

By utilizing the talents within our community we are able to keep tuition down, keep our parents involved, and continue to offer the best quality education for your child.

## **Fundraising/Events**

**(Choose at least 1)**

- ☐ Pumpkin Patch (October)
- ☐ Winter Carnival Float (February)
- ☐ Spring Fundraiser (TBA)
- ☐ Scholastic Book Orders
- ☐ Other Fundraiser Items

## **Volunteer Jobs**

- ☐ Computer Whiz- IT/Data Entry
- ☐ Office Support (envelope stuffing, etc.)
- ☐ Classroom Support or Reading Helper
- ☐ Occasional Staff Class Substitute
- ☐ Recycling
- ☐ Class Party Organizer
- ☐ Library Organization

## **Board Member**

- ☐ I am a Board Member
- ☐ I would like to become a Board Member

## **Maintenance/Repair**

- ☐ Electrical
- ☐ Carpentry
- ☐ Painting
- ☐ Plumbing
- ☐ Truck for hauling
- ☐ Snow Plowing

## **Seasonal Grounds Cleaning**

- ☐ Spring-Garden Beds
- ☐ Fall- Raking
- ☐ Summer- Lawn Care/Weeding
- ☐ Winter- Shoveling



## **2020-2021 Family Contact List**

All family contact information shared is solely for the uses of CHMS families, for such purposes as birthday parties, play dates, etc. Please do not share the contact information with non-CHMS families. A paper/digital copy of the Family Contact List will be available upon request from the administration office.

- ☐ No, you may not put our family information into the CHMS Family Contact List.
- ☐ Yes, you have my permission to add the following information to the Contact list:

Child's First and Last Name: \_\_\_\_\_

Parents' or Guardians' Names: \_\_\_\_\_

Contact Phone(s): \_\_\_\_\_

\_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_

## **Communications and Publications**

- ☐ Please check here if you **DO** authorize the use of your child's photo and/or name in news releases, newspaper articles, or within our website without permission.
- ☐ Please check here if you **DO** authorize the use of your child's photo and/or name on CHMS social media platforms without permission.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



State of Montana  
Department of Public Health and Human Services  
Quality Assurance Division – Licensure Bureau  
Child Care Licensing

## EMERGENCY CONTACT AND PARENTAL CONSENT

THIS FORM MUST BE TAKEN WITH THE CHILD WHEN EMERGENCY MEDICAL CARE IS NEEDED.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Mother/Legal Guardian Name: \_\_\_\_\_ Home Number: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

Father/Legal Guardian Name: \_\_\_\_\_ Home Number: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

(NON – PARENT )

Emergency Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Physician / Medical Care Source: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Health Insurance Carrier & Policy Number: \_\_\_\_\_

Persons authorized to pick up child:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

– SEE REVERSE SIDE –

**WRITTEN CONSENT IS GIVEN FOR:**

☐ **Yes** ☐ **No** EMERGENCY MEDICAL CARE

☐ ADMINISTRATION OF PRESCRIPTION MEDICATIONS

**Medication Authorization Form and Medication Administration Log  
Must be completed**

☐ ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS

**OTC Medication Authorization Form and Medication Administration  
Log must be completed**

☐ ADMINISTRATION OF SPECIAL DENTAL OR DIETARY NEEDS:  
Please Specify:

☐ TRIPS: ☐ **Yes** ☐ **No** TRANSPORTATION BY THE FACILITY FOR TRIPS

☐ **Yes** ☐ **No** DAILY TRANSPORTATION PROVIDED BY THE FACILITY (Facility Has the Option to Offer)

IF YOUR CHILD IS TRANSPORTED BY THE FACILITY, ARE THERE ANY INSTRUCTIONS FOR SPECIAL CARE FOR THE CHILD (I.E. MOTION SICKNESS, SEIZURES, ETC.) DURING TRANSPORTATION?

**HEALTH HISTORY**

	<u><b>YES</b></u>	<u><b>NO</b></u>		<u><b>YES</b></u>	<u><b>NO</b></u>
Hay fever, asthma, or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Trouble with passing urine / bowel movement	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Frequent colds, sore throats, earaches, tonsillitis, pneumonia	<input type="checkbox"/>	<input type="checkbox"/>

**YES**      **NO**

**Allergies or reaction: (food or other)**

☐      ☐

Please Explain:

**YES**      **NO**

**Other Health Concerns:(disabilities)**

☐      ☐

Please Explain:

**SIGNATURE OF PARENT OR GUARDIAN**

**DATE**

## NON-INGESTIBLE OVER THE COUNTER (OTC) MEDICATION AUTHORIZATION FORM

### TO BE COMPLETED BY PARENT

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Program Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

**I give permission for the administration of following non-ingestible over the counter medications (mark all that apply):**

- ☐ Diaper Rash Cream/Ointments
- ☐ Insect Repellent
- ☐ Sunscreen
- ☐ Cortisone/Anti-Itch Creams/Ointments
- ☐ Medicated Lip Treatments
- ☐ OTC Antibiotic Creams/Ointments
- ☐ Burn Creams/Sprays
- ☐ Other Non-Ingestible OTC's: (Please Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To administer a non-ingestible over the counter (OTC) medication:**

- The OTC medication must be brought to the day care facility from the parent;
- The OTC medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions \_\_\_\_\_ Refrigeration Y/N

**Parent/Guardian Signature** (required) \_\_\_\_\_

\* **This document must be updated on an annual basis.**

**Unused Medication:** Returned to Parent Y/N      or      Discarded Appropriately      (circle one)

By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Keep in the child's file when medication is finished.