

# Happy Campers Montessori School

## Child Enrollment Record

Application Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Pre-Primary (2 to 3 years) \_\_\_\_\_ Primary (3 to 6 years) \_\_\_\_\_

Drop off Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_ Date Deposit Paid: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ If referral please provide family name: \_\_\_\_\_

### Student Information:

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_\_

### Parent's Information:

Mother's name \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

The State of Kansas requires that we obtain two emergency contacts two emergency contacts other than parent or guardian with their full details:

Name:	Name:
Address:	Address:
Primary Phone:	Primary Phone:
Alternative Phone:	Alternative Phone:
Relationship:	Relationship:

**Additional information:**

Parents' marital status: \_\_\_\_\_ Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

If parents are separated or divorced, who has custody of the child? \_\_\_\_\_ Father \_\_\_\_\_ Mother

Please list any other adults (i.e. grandparents, aunt, sister, other) who have a major part in your child's care and training at home: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Did you have a normal pregnancy and delivery? \_\_\_\_\_

Is this your child's first separation from home? Y N

Does your child make friends easily? Y N If no, please share possible reasons why: \_\_\_\_\_

Please list any extracurricular activities (i.e. gymnastics, karate, dance, piano, etc.): \_\_\_\_\_

May we have your church or religious affiliation? \_\_\_\_\_

Other languages spoken at home: \_\_\_\_\_

What time does your child get up in the morning? \_\_\_\_\_ Go to bed at night? \_\_\_\_\_

Does your child usually take an afternoon nap? Y N If yes, how long? \_\_\_\_\_

Has your child ever had surgery? \_\_\_\_\_

What allergies does your child have? \_\_\_\_\_

Please list any physical, emotional or medical challenges your child is facing: \_\_\_\_\_



*Happy Campers offers lunch for full time students. We have a culinary chef that prepares fresh nutritional lunches daily. We offer an 8:1-12:1 primary student/teacher ratio and a maximum 7:1 pre-primary student ratio. Our primary teachers are Montessori certified. We will not discriminate regarding race, religion, national origin, ancestry, physical handicap, or sex in accordance with K.S.A 44-1009.*

**This is Registration for the February 15, 2023-July 31, 2024 calendar year.**

**The tuition and payment schedule for 2023-2024:**

<b><i>Primary School (3 years - 6 years)</i></b>	<b><u>School Year (August 1 - May 31)</u></b>	<b><u>Monthly</u></b>
5 days	\$10,517	\$1,107
<i>Part-Time Based on Availability</i>		
4 days	\$9,529	\$1,003
3 days	\$7,961	\$838
2 days	\$5,377	\$566
<b><i>Pre-Primary School (2 Years - 3 years)</i></b>		
5 days	\$12,217	\$1,286
<i>Part-Time Based on Availability</i>		
4 days	\$10,707	\$1,127
3 days	\$8,750	\$921
2 days	\$6,394	\$673

***A 10% discount off the oldest child for families with multiple children enrolled full time.***

**Our tuition is figured by the year and may be paid as follows:**

- 10 months for the school year (August 1- May 31) reflects a 5% discount.
- Automatic account withdrawal is available for monthly tuition payments only via Brightwheel.
- Monthly—Due on the 1<sup>st</sup>—a late fee of \$25 will be assessed for payment received after the 7<sup>th</sup> and 21<sup>st</sup>.
- Bi-Monthly – the 1<sup>st</sup> and the 15<sup>th</sup> + \$10.00 bookkeeping fee.
- 2023 Summer Camp Program paid monthly- June and July.

# Enrollment Contract

## 2023-2024

### Contracted Program, Tuition & Fees

**Please circle program:** School Day Hours (8:30 am- 4:00 pm)    Extended Day Hours (7:30 am-5:30 pm)

**I wish for my child to attend:** Full Time

**4 days per week:** Monday-Thursday    OR    Tuesday-Friday

**Part Time:** Monday, Wednesday, Friday    OR    Tuesday, Thursday

**Please circle preferred tuition payment method:**            School Year            Monthly            Bi-Monthly

### Additional yearly fee schedules for 2021-2022:

Enrollment Fee	\$150	New student to Happy Campers
Primary Curriculum Fee	\$250	Paid per semester - August and January
Toddler Curriculum Fee	\$125	Paid per semester – August and January
Extended Day Fee	\$82	Monthly - Extended Day Program Fee
Bi-Monthly Fee	\$10	Bi-Monthly Tuition option

Referred by a friend:    Yes \_\_\_\_\_    No \_\_\_\_\_

Name of referral: \_\_\_\_\_

***Refer a friend full time and receive a one time \$100 referral bonus towards tuition.***

I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THIS CONTRACT IS FOR FINANCIAL ASPECT OF ENROLLMENT. POLICIES AND PROCEDURES ARE COVERED IN THE PARENT HANDBOOK. YOU WILL BE REQUIRED TO READ AND UNDERSTAND THE POLICIES AND PROCEDURES HANDBOOK AND SUBMIT AN ACKNOWLEDGEMENT FORM FOR YOUR CHILDS FILE.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Happy Campers Montessori School

### General Information 2022-2023

1. **Hours of operation:** Primary- 7:30 a.m. to 5:30 p.m. Monday through Friday. Pre-Primary- 7:30 a.m. to 5:30 p.m. Monday through Friday.
2. **Program Options:** School Day-8:30 am-4:00 pm or Extended Day with Fee-7:30 am-5:30 pm
3. **Our school contract is for the whole calendar year, August 1 through July 31. If your child leaves for the summer, he/she will have to re-apply for fall enrollment. Their position can be held with an enrollment fee of \$150, but availability may be altered.**
4. **Our school functions as a community**, and we encourage parent involvement in classroom activities, fundraisers, Family Work Days and seasonal school programs. Please make time to be a part of these in order to feel connected and contribute to our Happy Campers community.
5. **Tuition is due** even when a child is not in attendance.
6. **If tuition is more than 2 weeks late, your account will be assessed a late fee of \$25. Past the 2 weeks, your child's enrollment may be suspended.**
7. **Critical Illness Policy:** 1<sup>st</sup> week, full tuition is paid; thereafter, ½ tuition per week.
8. **Vacation leave:** Our expenses are constant. We are not able to give vacation time.
9. **Our staff leaves at 5:35 p.m.** Please respect their time. Late pick-up fee is \$5.00 for every minute you are late, beginning at 5:35. Payment is due to the staff at that time or will be added to the next month's invoice.
10. **Happy Campers will be closed on the following days for 2023-2024. These days are figured into our yearly tuition.**

August 7-11 - Teacher In-service	February 19 - President's Day
September 4 - Labor Day	March 11-15 - Spring Break
October 12-13 - Parent Teacher Conferences	March 29 - Good Friday
November 22-24 - Thanksgiving Holiday	May 24 - Teacher In-service
December 20-January 2 - Winter Break	May 27 - Memorial Day
January 15 – MLK Day/Teacher In-service	July 4-5 - Independence Day
February 16 - Parent Teacher Conferences	
11. **We close for occasional snow days** Notification will come via the Brightwheel app and email and typically follows USD 232 closures. Tuition is still paid for the full week.
11. **Children must not be in attendance** if they have had a temperature (100.6°+) or shown any signs of illness in the previous 24 hours and may not return until temperature has been broken for 24 hours and the child is symptom free.
12. **There are no make-up days** for classes missed because we cannot exceed our legal limit of students.
13. The school must have a **current health form** and **emergency medical release** form on file before attending.
14. **Happy Campers has a culinary chef to prepare fresh, nutritional meals daily. We offer a morning snack, hot lunch and afternoon snack.** A healthy and nutritious breakfast may be brought from home if needed and enjoyed at school before 8:30 a.m. Please leave foods high in sugar and low in nutritional value at home.
15. **Happy Campers is a peanut free school.** We welcome children with allergies of all types. If your child has a special dietary need, please, plan to provide an alternative to our provided menu.
16. **Please sign your child in/out daily.** We need to know what time they arrive and when they depart.
17. **PLEASE DO NOT BRING TOYS FROM HOME.** Educational items *requested by your child's teachers* are welcomed on the appropriate day and should be taken home upon departure that day. Check children's pockets for school materials at home too.
18. **WE DO NOT ALLOW** cartoon characters or super heroes of an aggressive nature on clothing or slippers at school.
19. **Birthdays** are a special event. Please make a timeline of pictures and quotes from birth to present for each picture. Instead of bringing treats, your child will bake his/her own cake here at school. You may bring a wrapped gift to present to their class and leave as part of the curriculum. See your child's teacher for the gift wish list.
20. After March 1<sup>st</sup> we will be pre-registering from our waiting list. Present students get first choice for registration.
21. **An annual tuition increase may** occur at the beginning of the fall session.
22. **A one month, four-week, written notice is necessary upon withdrawal**, or the equivalent monthly tuition must be paid.
23. **If you choose to withdraw your child for any period of time, we cannot guarantee the same available days should you choose to return.**



## Parental Consent Form: Designated Pick-up Information

Date: \_\_\_\_\_ Child's name: \_\_\_\_\_

Parents, if you are designating someone other than Mom or Dad, to pick up or drop off your children from school, we are required to have a written consent.

Please list the name/s of anyone you authorize to pick up your child from school:

Name:

Relationship to child:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_



Parent Handbook Acknowledgement Form 2023

Happy Campers Parent Handbook promotes an understanding of our policies and procedures. The information in the handbook applies to all enrolled children at Happy Campers. It is important that parents are familiar with the policies and procedures.

Our Parent Handbook can be emailed to you, and is always available via the school website at [www.happycampersmontessori.com](http://www.happycampersmontessori.com). Please read the handbook in its entirety, complete this form, and return it with the other required forms to the office. This will take effect as of April 1, 2023.

I have received, read and understand the policies and procedures in Happy Campers Montessori Parent Handbook. I agree to abide by them as will my child(ren).

Parent(s) signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_





**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,  
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care \_\_\_\_\_ Name of Child Care Facility \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
First Last MM/DD/YYYY M/F

**Parent/Guardian Information**

**Parent/Guardian Information**

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Code

Home Address \_\_\_\_\_  
Street City Zip Code

Home Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City Zip Code

Work Address \_\_\_\_\_  
Street City Zip Code

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Best way to contact \_\_\_\_\_

Best way to contact \_\_\_\_\_

Names and ages of children in family \_\_\_\_\_

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference (for emergencies) \_\_\_\_\_

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider?  No  Yes, as follows:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL 010.

\_\_\_\_\_ Allergies \_\_\_\_\_ Frequent sore throats/colds \_\_\_\_\_ Ear Aches  
\_\_\_\_\_ Asthma \_\_\_\_\_ Speech, Visual, Hearing \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Epilepsy/Seizures \_\_\_\_\_ Other \_\_\_\_\_

If yes answered to any above, please provide additional information \_\_\_\_\_

Have there been major changes at home that might affect your child in care?  No  Yes, as follows:

Please provide additional information or special instructions that will help the person caring for your child. \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last MM/DD/YYYY

**Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).**

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
<b>DTaP/DT/Td/Tdap</b> (Diphtheria, Tetanus, Pertussis)						
<b>Polio</b>						
<b>MMR</b> (Measles, Mumps, and Rubella combined)						
<b>HBV</b> (Hepatitis B Vaccine)						
<b>Varicella</b> (Chicken Pox)			Hx of Disease: Physician Signature		Date of Illness:	
<b>HIB</b> (Hemophilus Influenzae Type B)						
<b>PCV7</b> (Pneumococcal Conjugate)						
<b>HEP A</b> (Hepatitis A)						
<b>Rotavirus</b> **Recommended <8 mo of age; not required						
<b>Influenza(Flu)</b> ** Recommended annually >6 mo of age; not required						

**Section II.**

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(d)].

The following two options are the **ONLY** exemptions allowed by law. Please check either (A) or (B) below and complete as required:

(A) Certification from licensed physician stating that immunization would endanger child's life:

Exempt from following immunizations:

DTaP/DT    Tdap/TD    Pertussis Only    Polio    MMR    Hep A    Hep B    Hib  
 PCV7    Varicella    Other

Physician's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

**Section III.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_







**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
--	-----------

I hereby authorize \_\_\_\_\_ (Name of individual/staff member) and/or  
 \_\_\_\_\_ (Name of individual/staff member) who is (are) representative(s) of the  
 above named facility to give consent for any and all necessary emergency medical care for my child or youth \_\_\_\_\_  
 \_\_\_\_\_ (First and Last Name of Child or Youth) while said child or youth is in said facility's  
 custody between the dates of \_\_\_\_\_ and \_\_\_\_\_  
 MM/DD/YYYY MM/DD/YYYY

Signature of Parent or Guardian	Date Signed
---------------------------------	-------------

Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
--	-------------

**Notarization of Parent's or Guardian's signature if required by local hospital or clinic.**

State of Kansas  
 County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
 MM/DD/YYYY Name of Person

(Seal, if any.)

\_\_\_\_\_  
 Signature of notarial officer

\_\_\_\_\_  
 Title (and Rank)

My appointment expires: \_\_\_\_\_

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

\_\_\_\_\_

Is child covered by health insurance?  Yes  No

If yes, complete the following:

Health Insurance Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Assistance Program \_\_\_\_\_ Card Number \_\_\_\_\_

Military Medical Care I.D. Number \_\_\_\_\_

If known, date of last Tetanus inoculation: \_\_\_\_\_





### **Photo & Social Media Release Form**

*RE: Permission to Use Photographs taken at school, school events & on field trips*

I grant to Happy Campers Montessori School, the right to take photographs of my minor child, \_\_\_\_\_, and my family in connection with the above-identified event/s. I authorize Happy Campers Montessori School, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Happy Campers Montessori School:

- may use such photographs of me or my minor child,
- with name
- without name
- may not use such photographs of me or my minor child,

and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_