



LIVONIA MONTESSORI 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 _____ Stepfather _____ 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 _____

Parent/Guardian 1 (circle):

Parent/Guardian 2 (circle):

Full Name _____

Full Name _____

Home Address _____

Home Address _____

Social Security # _____

Social Security # _____

Occupation/Title _____

Occupation/Title _____

Employer _____

Employer _____

Business Address _____

Business Address _____

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

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

E-mail Address (for internal use only) _____

E-mail Address (for internal use only) _____

School child is currently attending _____

Previous schools or child care experiences and dates enrolled _____

SESSION PREFERENCE: (Check all that apply. Please indicate 1st and 2nd choice if half-day)

Half-Day Morning _____	Half-Day Afternoon _____	Full-Day Preschool _____	Half-Day Class with Unlimited _____	Extended Day Kindergarten _____	Online Distance _____
Class	Class	Class	Day Care		Learning

For full day or extra hours, indicate approximate arrival/departure times and days of use

Does child nap? _____

Names/ages of brothers & sisters _____

How did you learn about Livonia Montessori School? _____

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

Livonia Montessori School agrees to enroll _____ for the 20____-20____ school year. In consideration of the acceptance of this Enrollment Contract by Livonia Montessori School, the undersigned agrees to pay the required fees in accordance with the most recent tuition schedule, and as specified below. For new applicants, a non-refundable registration fee in the amount of \$100 is required at the time of signing of this Enrollment Contract. For returning students and their siblings, a non-refundable registration fee of \$50 is required by the application due date.

	<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 in July	<input type="checkbox"/> Two payments due in July and January	<input type="checkbox"/> Four payments due in July, October, January, and March	<input type="checkbox"/> Ten payments due July through March

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, 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 LMS's reasonable costs of collection related to my account, including attorney fees. The parties agree that the school shall not be liable for any failure or delay in the performance of its duties or obligations under this contract to the extent such failure or delay is caused by a force majeure or an event beyond the school's reasonable control. This includes but is not limited to a fire, flood, act of God, war, government action, act of terrorism, epidemic, pandemic, natural disaster or other major upheaval which renders performance impractical, illegal, impossible, or otherwise inadvisable. In such an event, the school's duties and obligations under this contract shall be suspended until such time as the school, in its sole discretion, determines that it may safely and ably resume performance. The school shall provide notification of such a suspension by a reasonable time and method. During such a suspension parents shall make all payments due to the school and there will be no refund of tuition, fees, or other payments previously made. As an alternative to suspending performance, the school may elect to operate on a distance-learning basis, may choose to extend or shorten its school year and may adopt an alternative schedule to complete its school year curriculum.

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 student records will not be released unless an account has been paid in full.

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 emergency contacts have been unsuccessful, for Livonia Montessori School personnel to seek treatment by my preferred physician, or in the event the preferred practitioner is not available, by another licensed person. I hereby release and discharge Livonia Montessori School, 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 Livonia Montessori School 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 Livonia Montessori School. Transportation, when necessary, will be provided by private car, with each child properly restrained, or by contracted bus. Supervision will be provided by LMS staff and parents or other volunteers. On any field trip or outing, I understand that Livonia Montessori School is not responsible for unavoidable accidents or the negligence or actions of persons not employed by or acting for LMS.

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

I understand that LMS 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. LMS 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. LMS 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 policies and procedures, and tuition and fee schedule of Livonia Montessori School. I understand and agree with the philosophy and policies, and accept the conditions and terms stated therein. Livonia Montessori School 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 July 10 of the year the child is to begin attending. If enrollment is canceled after July 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 LMS 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:

Parent/Guardian Signature Date Signed

Parent/Guardian Signature Date Signed

For Livonia Montessori School Date Signed

Livonia Montessori School does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, or disability in the administration of its educational or admissions policies.

A non-refundable registration fee of \$100 (\$50—re-enrollments and siblings of currently enrolled students) must accompany this application.

Return to: Livonia Montessori School, 31840 W. Seven Mile Rd., Livonia, MI 48152