



Ivy League Montessori Registration Form

Days child will attend: Monday Tuesday Wednesday Thursday Friday
 Full Day (8:55am - 3:15pm) Half Day AM (8:55am - 11:35am) Half Day PM (12:35pm - 3:15pm)

Please check if you need: Before Care (Days: M T W TH F)
 After Care (Days: M T W TH F)

Childs Full Name: _____ Birth Date: _____ Male Female
Nickname: _____ Start Date: _____
Full Address: _____

Mother/Guardian Name: _____ Home Phone: _____
Cell Phone: _____ Phone Carrier: _____ Opt in for Text Alerts? Yes No
Email: _____
Full Address: _____
Employer Name: _____ Employer Phone: _____
Employer Full Address: _____

Father Guardian Name: _____ Home Phone: _____
Cell Phone: _____ Phone Carrier: _____ Opt in for Text Alerts? Yes No
Email: _____
Full Address: _____
Employer Name: _____ Employer Phone: _____
Employer Full Address: _____

How did you hear about us? _____

REQUIRED: In case of emergency, parents are called first. If unavailable, list three (3) other local people *who are authorized to pick up child and/or be contacted in an emergency*. Include carpool drivers.

Full Name: _____ Relationship: _____
Home and Employer Phone Numbers: _____

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In an effort to help us know and understand your child more completely we ask you to fill in this form. It is important that you answer all questions.

Family Background

Marital status of parents: _____ If separated, does child see non-custodial parent? _____

How often? _____

Are there any legal circumstances of which we should be aware?

Siblings

Name	Age	Birth Date	M or F	School & Grade

Are there any home factors that might help us better understand your child's family life? Consider issues such as a recent move, deaths, births, serious illness, extended family living with you, or any unusual circumstances.

Does he/she have allergies or sensitivities? Please describe.



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Emergency Information and Consent

In the event of a medical or dental emergency, I authorize the Ivy League Before & After School Program to seek medical emergency services for my child,

_____ when I cannot be immediately reached at the time of the emergency. I understand that the staff will make all attempts to reach me. I will be responsible for the emergency medical charges incurred.

The preferred doctor / clinic / hospital is _____.

Emergency Medical Release

To whom it may concern,

Should any emergency care be indicated I, _____
give my permission for my child, _____
to be medically treated by physicians or emergency room staff.

Consent to Administer First Aid

I give my permission to Ivy League to administer First Aid to my child. First Aid will be administered to minor scrapes and bumps. This includes antiseptic creams and Band-Aids on scrapes, ice on bumps, and bandages and slings on sprains.

Parent signature: _____ Date: _____

I understand that this is valid for one year from the date of signature.



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Permission Consent

Child's Name: _____ Date: _____

Field Trips (Days Off Programming)

Field trips and outings are a carefully supervised part of our program. Field trips are planned and parents will be notified ahead of time. Outings such as public parks or public facilities may be taken without previous planning. Transportation is provided by either Kid's Fit Foundation/Ivy League Vehicles, a state certified Bus Co. and on occasion, an employee vehicle. My child has permission to go on outings as part of the Ivy League program.

Photography

Photos and videos are sometimes taken for use within the program for educational purposes. Occasionally, these or other pictures may be used for newspaper stories about the program or other educational purposes. Whenever possible, this will be cleared with the parents, but this is sometimes difficult or impossible in cases where pictures contain a large group of children or are used several years after they are taken. I give my permission for my child's picture to be used for educational purposes or stories done about the center activities.

Sports and Recreation

I understand that the Kid's Fit Foundation/Ivy League and all of its programs are not a daycare facility or program. I understand that the Kid's Fit Foundation/Ivy League and all of its programs are intended to support the spiritual, mental and physical well being of individuals and families in order to improve their quality of life. To achieve this mission, we will provide quality programs to meet the diverse needs of individuals, families' neighborhoods and communities. I declare my child to be physically sound, having medical approval to participate in the activities of the Ivy League Sports and Recreation Program.

Parent signature: _____ Date: _____

I understand that this is valid for one year from the date of signature.



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Authorization to Administer Medication

Name of child: _____

Name(s) of medication: _____

Dosage: _____

Time(s) to be given: _____

Date(s) to be given: _____

Reason for medication: _____

Special Instructions: _____

Does medication require refrigeration? _____

Prescription medication must be brought in the pharmacy container and clearly labeled.

Consent to Administer Over The Counter Medication

I ask that Ivy League administer the following over the counter medication(s) to my child when needed.

Parent signature: _____ Date: _____

I understand that this is valid for one year from the date of signature.



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Unauthorized Pick-up

WHO CANNOT PICK UP MY CHILD(ren) FROM THE IVY LEAGUE PROGRAM? PLEASE LIST NAMES BELOW:

Name	Relationship

Parent signature: _____ Date: _____

I understand that this is valid for one year from the date of signature.



Registration Fee
New Families: \$75
Returning Families: \$60

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Full Day Tuition & Fee Schedule

Full Day Program Hours for Ages 3 to 6 - 8:55am to 3:15pm

Attend 5 Days - **\$230.00 per WEEK** Attend 3 Days - **\$150.00 per WEEK**
 Attend 4 Days - **\$194.00 per WEEK** Attend 2 Days - **\$105.00 per WEEK**

Half Day Tuition & Fee Schedule

**Half Day Program Hours for Ages 3 to 6 - 8:55am to 11:35am
 OR 12:35pm to 3:15pm**

Attend 5 Days AM or PM - **\$131.00 per WEEK**
 Attend 4 Days AM or PM - **\$111.00 per WEEK**
 Attend 3 Days AM or PM - **\$86.00 per WEEK**
 Attend 2 Days AM or PM - **\$69.00 per WEEK**

Before & After School

When Attending FULL DAY Montessori Class AM
Hours: Open to 8:55am
PM Hours: 3:15pm to Close

	AM ONLY	PM ONLY	AM & PM
5 Days	\$78.00	\$83.00	\$124.00
4 Days	\$66.00	\$71.00	\$105.00
3 Days	\$51.00	\$55.00	\$82.00
2 Days	\$36.00	\$41.00	\$60.00
1 Day	\$20.00	\$21.00	\$32.00

Mokena Rec Hours: 6:00am to 6:30pm



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Guidance and Discipline

Because a key goal of the program is to help children develop positive self-esteem, build trust in the world around them and develop autonomy and pride in their work, a positive guidance approach is used. A supportive, nurturing environment with caring adults is the first step in the development of inner control and appropriate behavior. All actions are taken to help a child determine alternatives to solving problems between peers or to discuss problems arising out of human interactions or disputes arising out of misconceptions or expectations not being met.

Discipline will be carried out in such a manner that children will learn to develop a sense of acceptable behavior, a guideline for developing self-control, and an understanding of behaviors that are expected of each individual while part of a group. There will be a set of five rules, which all persons in the program will be expected to adhere to. This will include staff and parents. The five rules are:

1. No one may hurt or intimidate another person or be the cause of another to be fearful, through verbal, physical or the use of gestures.
2. No one may place themselves in a dangerous situation or be the cause of jeopardizing the health or safety of a person.
3. No one may be disrespectful of another persons' sense of self or use unacceptable language.
4. No one will cause damage or deface the equipment or personal belongings of another person or the facilities used by the program.
5. No one may refuse to follow the rules or disregard them.

Acceptable Disciplinary Actions are as Follows:

1. A child will be given a set of alternatives, which they may choose from to correct or help to make better the situation.
2. If needed the child will be given a time out. (No longer than 1 minute per number of years of a child's age.)
3. If more than one time out is needed in a given week parents will be verbally notified.
4. If more than two time outs are needed in a given week a written behavioral report will be given to the parent and put in the child's file.
5. In cases of aggressive behavior, the child will be removed from the situation as quickly and safely as possible to prevent further harm to the person involved.

All disruptive behavior will be documented with a copy given to the parent of the child involved. Should disruptive behavior continue, the parent, child and staff member will set up a discussion time to find an agreeable solution or method for handling any further incidents. However, should the situation be found that the program is not suited to the child's needs or that the staff cannot handle the behaviors effectively, the child can be referred for professional help. Guidelines will be given professionally as to how to help the child in further situations and will be carried out unless the behavior management needs are a burden to the fiscal resources of the center, staff time or infringe on the ability of others in the program to enjoy the program without hindrance.

The circumstances, which will terminate participation of services for a child due to behavior, can be:

1. Non-compliance with the five rules on a consistent basis.
2. Severe, uncontrollable, aggressive behavior with one or more incidents per week.
3. Inappropriate behavior or language on a consistent basis.
4. Repeated incidents which are a burden for staff to handle and allowing for effective supervision of the others or which may infringe upon the rights of others to participate.

Should your child be terminated from the program, refunds will not be given for any part of the current week or following week after termination. Should your child be suspended from the program, refunds will not be given for the suspension period.

Parent signature: _____ Date: _____

I have read the above discipline procedures and agree to abide by them.



Montessori School

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Ivy League Payment and Scheduling Policy

In order to avoid any late fees, please pay your balance in full each week on Monday or Tuesday. Please direct any questions about bills or balance due to the Rec Center's billing department. Below is a copy of our payment and scheduling policy.

Ivy League Billing Policy is as follows:

- Payment is due 1 week prior to attending on Monday or Tuesday.
- If tuition is not paid Tuesday evening for the following week, the credit/debit card or checking account on file will be processed for the amount due plus a \$15.00 late fee on Wednesday morning.
- There is a \$15.00 credit card decline fee.
- Ivy League Montessori billing is a tuition-based program so no credit will be given for days when school is not in session.
- A 2-week notice is required when dropping from the program (whether temporary or permanent). Without a 2-week notice you will be responsible for the tuition through the 2-week period.
- If you need to add days with less than 2-week's notice, you will be billed as follows:
 - More than 24 hr. notice at the 1-day rate.
 - Less than 24 hr. notice at the drop off rate (1-day rate + \$10.00)
 - If you attend a day that you were not scheduled, you will be billed for that day at the drop-off rate.
- There is no credit for sick days, days absent or snow days.
- Responsible payer must have a valid credit/debit card or checking account on file for all accounts, at all times.
- There is a \$55 non-refundable registration fee due at the time of registration. Returning families get a reduced rate of \$40.

Please process my payment every Monday automatically.

Parent signature: _____ Date: _____

I understand and agree to all of the Ivy League billing and schedule policy.



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). 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. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

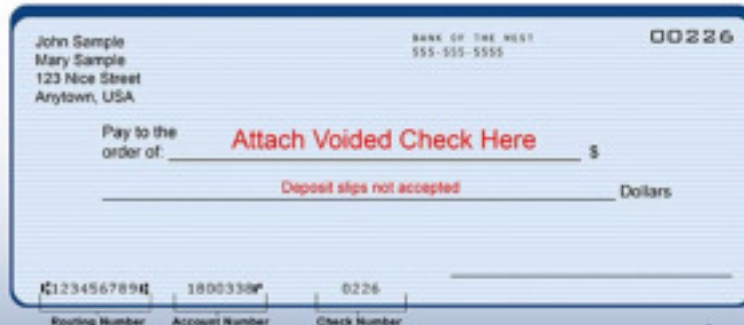
Cardholder Name		Phone #	
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name		Phone #	
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State
		City	State
		City	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature	Date		

For Official Use Only

Date Received
Employee Signature



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