

Ivy League Montessori Kinderbridge Registration Form

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

Please check if you need: Before Care (6:00a - 8:55a) Days: M T W TH F
 After Care (3:15p - 6:30p) Days: M T W TH F

How did you hear about us? _____

Child's Full Name: _____ Birth Date: _____ Male Female

Nickname: _____ Start Date: _____ Public School Attending: _____

Full Address: _____

Primary Parent/Guardian's Name: _____ Home Phone: _____

Cell Phone: _____ Phone Carrier: _____ Opt in for text alerts: Yes No

Email: _____

Full Address: _____

Employer Name: _____ Employer Phone: _____

Employer Full Address: _____

Secondary Parent/Guardian's Name: _____ Home Phone: _____

Cell Phone: _____ Phone Carrier: _____ Opt in for text alerts: Yes No

Email: _____

Full Address: _____

Employer Name: _____ Employer Phone: _____

Employer Full Address: _____

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

Full Name: _____ Relationship: _____

Home and Employer Phone Numbers: _____

Full Name: _____ Relationship: _____

Home and Employer Phone Numbers: _____

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 of the questions.

Family Background

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

If so, 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 (s)he have any allergies, sensitivities, food intolerances, or dietary restrictions? Please describe.



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Emergency Information and Consents

In the event of a medical or dental emergency, I authorize the Ivy League Kids to seek medical emergency services for my child, _____ when I cannot be immediately reached at the time of the emergency. I understand that staff will make all attempts to contact 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.

Administering First Aid

I give my permission to Ivy League Kids 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.

Consent to Administer Medication

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

Prescription medication must be brought in the original pharmacy container and clearly labeled with child's name, clearly written administration instructions, and dosage.

Name of Medication: _____ Dosage: _____

Time(s) to be given: _____ Date(s) to be given: _____

Reason for medication: _____

Special instructions: _____ Refrigeration required? YES NO

Unauthorized Pick-Up

The following individuals do **not have permission** to pick my child up from any Ivy League Program:

Relationship	

Parent/Guardian Signature: _____ Date: _____

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



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Permission Consent

Child's Name: _____ Date: _____

Transportation

Your child will be transported to and from their school in Ivy League vehicles. By signing below, Ivy League Kids has permission to transport my child to and from school.

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/Guardian Signature: _____ Date: _____

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



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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. At Ivy League Kids Early Education Programs, we believe in fostering the development of self-discipline and socialization skills in children through positive guidance and nurturing interactions. Our approach is tailored to meet the unique needs of our students, focusing on building trusting relationships and providing a safe and supportive environment.

Acceptable Child Guidance and Discipline:

- Meeting Their Needs: We prioritize meeting the needs of each child and building a trusting relationship with them.
- Thoughtful Play Space: Our classroom spaces are carefully prepared to be childproof and safe, encouraging exploration and discovery.
- Acceptance of Feelings: We accept and acknowledge children's feelings, providing appropriate outlets for expression.
- Refocusing Attention: With young children, we proactively refocus their attention before inappropriate behavior occurs, guiding them towards positive activities.
- Clear Directions: Directions are stated clearly and simply, helping children understand expectations.
- Calm and Consistent: Teachers maintain a calm and consistent approach, promoting a sense of security and predictability.
- Transitions: We allow children time to adjust to transitions, understanding that these can be challenging for young children.

By implementing these strategies, we aim to create a supportive environment that promotes positive behavior and helps children develop important self-regulation and social skills.

Unacceptable Child Guidance and Discipline:

1. Inflicting physical pain (suspected child abuse will be reported to DCFS)
2. Name-calling, shouting, threatening, ridiculing, etc.
3. Depriving a child of any routine care service - food, toileting needs, etc.
4. Isolation
5. Removing a child from the group
6. Imposing cumulative or delayed consequences

Our overall goal is to keep a child successfully in our program. Prior to transitioning a child to other services, our staff will implement all possible classroom strategies to support the child. The Steps to Prevent Suspension and Expulsion document will be used as a guide to identify possible strategies and resources. Then, if we have exhausted all available resources and have come to the decision that keeping the child in the program is not in the best interest of the child or the child's peers, our staff will work with the family to transition the child out of the program. A successful transition is when a child has moved into another program that better fits them and their family's needs.

Behaviors that will terminate enrollment in our program can be:

1. Severe, uncontrollable, aggressive behavior with multiple incidents per week
2. Inappropriate behavior or language on a consistent basis
3. Repeated incidents which are a burden for staff to handle, that interfere with the effective supervision of the other children
4. Daily toilet accidents revealing that a child is not fully potty trained will result in a leave of absence from the program, only to return when the student is fully potty trained.

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 issued for the suspension period.

Parent/Guardian Signature: _____ Date: _____

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



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Ivy League Payment and Scheduling Policy

In order to avoid late payment fees, we ask that your balance is paid in full via automatic payment withdrawal on Mondays. Please direct any questions about bills or balance due to the Ivy League Billing Department.

Tuition & Billing Guidelines:

- The Montessori program is a tuition-based program. To make payments more manageable for families, we have divided the full school year tuition into weekly installments.
- Tuition is due on a weekly basis, regardless of attendance, to secure your child's placement in the program. This structure ensures the continued quality of our Montessori environment, providing children with dedicated educators, enriched learning materials, and meaningful hands-on experiences.
- Payment is due every Monday for the following week's attendance. We bill on a weekly basis, covering the upcoming week.
- If the card, or checking account on file, comes back declined, then a \$15.00 declined payment fee will be automatically applied to your account.
- There is no credit for sick days (i.e. COVID), days absent (i.e. vacations), or extreme weather days.
- The responsible payer must have a valid credit/debit card or checking account on file at all times. If a card or account comes back declined 3 times, a new form of payment is required on the account.
- All unpaid balances will be collected at the end of the school year.

Late Pick Up Policy:

Please be sure to pick up your child by site closing time. There will be a 5-minute grace period for the first occurrence. After the grace period, \$1.00 per minute per child will be charged to your account. Chronic late pick-ups will result in higher late fees and/or termination from our program.

Withdrawal from the Program:

A 2-week notice is required when dropping from the program. You will be responsible for the tuition through the period without a 2-week notice. Written notice for withdrawal can be made by emailing contact@ivyleaguekids.org or you can call our administrative office at 815-464-1265.

The **Automated Payment Processing** form on the next page must be filled out for registration to be considered complete.

Parent/Guardian Signature: _____ Date: _____

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

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.

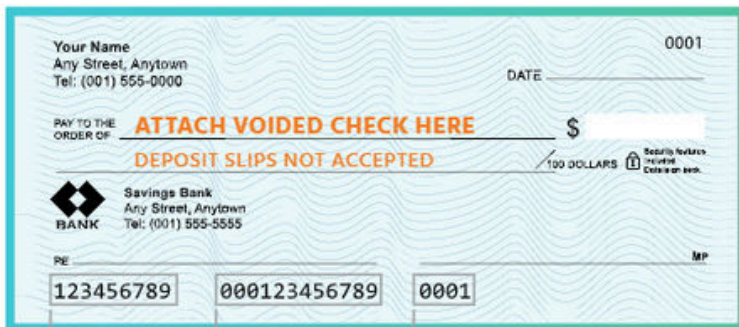
COMPLETE ONE SECTION ONLY

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	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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