

Sunset Montessori Community
3525 E Sunset Rd, Las Vegas, NV 89120
(702) 433-6044
sunsetmontessoricommunity.com

Registration Packet

PLEASE COMPLETE ALL FORMS, SIGN, AND RETURN



Office Use:

Date: _____

Start Date: _____

Rcvd by: _____

Classroom: _____

Allergies:

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REGISTRATION FOR ENROLLMENT

Student's Name		M/F	Date of Birth	
Address			Start Date	
City / State / Zip Code		Best Phone Number to Communicate		
Previous School / Preschool		Dates of Attendance	Current Grade	
Mother / Guardian		Father / Guardian		
Employer		Employer		
Work Phone	Other Phone	Work Phone	Other Phone	
Email		Email		

AUTHORIZED ESCORTS OR PERSONS / AUTHORIZE TO CALL IN AN EMERGENCY

Name	Relationship	Address	Phone
Name	Relationship	Address	Phone
Name	Relationship	Address	Phone

PARENT / PROVIDER CONTRACT PROGRAM

Program Requested	Tuition Rate	Program(s) Requested	Tuition Rate	
Infant/Toddler		Before School		Initial Fees
Pre-Primary		After School Care		Registration Fee
Primary				One Week Deposit
Kindergarten				
Elementary				
Total		Total		Total

I agree to enroll my child in the above-named program, and I understand the cost of the program as listed above. I understand the application/registration fee of _____ is non-refundable. I also understand **that I must give a 30-day notice of withdrawal prior to withdrawing my child.** I agree to provide a copy of child's birth certificate, immunization records, and pre-admission physical in order for my child to attend **Sunset Montessori Community.** I have read and understand the tuition, refund, and behavior policies set forth in the **Sunset Montessori Community Parent Handbook** and agree to abide by and comply with all the information set forth.

Parent/Guardian Signature: _____ Date: _____ Director: _____

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CONSENT FOR MEDICAL TREATMENT

Parents/guardians agrees the provider may consult with the child’s nurse or attending physician in regard to child’s health ad needed. In the event that we should have questions regarding the health of the enrolling child, we may contact one, or more, of the following sources for information:

Hospital of choice: _____

Phone: _____

Clark County Health District (702) 759-1301

Dr. Name: _____

Address: _____

Telephone: _____

In case of an emergency, I, _____ (parent/guardian) give my authorization to SUNSET MONTESSORI COMMUNITY, and any local physician, dentist, or hospital to provide medical care and/or transport my child at my expense.

Medical plan: _____

Policy #: _____

Does your child require additional accommodations/restrictions? YES/NO (If yes, explain)

Describe any special care required: _____

Allergies? _____

Frequent colds? _____

Medications? _____

Reason for taking? _____

Signature of enrolling Parent/Guardian: _____ Date: _____

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PEST CONTROL SERVICES

Sunset Montessori Community uses a monthly pest controls service. Each month prior to opening the facility, a licensed pest control company services all buildings at the facility.

I, _____ understand that SMC uses a licensed pest control service monthly.

Air Fresheners

Sunset Montessori Community uses disposable air fresheners in the restrooms of the facility. All precautions are taken to ensure they are out of reach of children.

I, _____ understand that SMC uses air fresheners within the facility.

Child's Name: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

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PERMISSION TO RELEASE INFORMATION

I understand that during the time my child _____ is in the care of **Sunset Montessori Community** that the director may be asked for information regarding the child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare, or other governmental officials.

I do **NOT** give permission to release information about my child as set forth in the aforementioned statement. I understand that the Bureau of Services for Child Care has access to my child's record as the licensing agent and may view the record upon BSCC facility inspection.

Signature of enrolling Parent/Guardian: _____ Date: _____

TRANSPORTATION FORM/FIELD TRIP PERMIT

I understand my child may take part in the field trips and educational excursions, either by bus, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

Should any accident occur while my child is away from the facility on the aforementioned trip, I shall NOT hold the child's caretaker, members of the facility and its employees, nor any participating adult liable.

I do NOT wish my child to take part in the aforementioned field trips or educational excursions.

Sunset Montessori Community may transport my child, in the event of an emergency evacuation or disaster preparedness drill of the facility.

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PERMISSION TO PHOTOGRAPH

At times we do take photos of the children to display around the center and/or in the classroom and/or for project as well. In order for us to be able to take pictures, please fill out the form below.

I DO give Sunset Montessori Community permission to take pictures of my child for use of school projects and/or to display within the facility/classroom ONLY.

I do NOT give Sunset Montessori Community to take pictures of my child for use of school projects and/or displaying within the facility/classroom.

Child's Name: _____

Signature of enrolling Parent/Guardian: _____ Date: _____

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RIGHT TO REVIEW COMPLAINTS

**Department of Health and Human Services
Child Care Licensing
Las Vegas Office
4180 South Pecos, Suite 150
Las Vegas, NV 89121
Phone: (702) 486-3822
Fax: (702) 486-6660**

Parent/guardian notification of NRS.178 childcare facility is required to maintain certain information, reporting of information to parents and guardians, notice of right information.

I, _____ (parent/guardian) am aware that I have the right to request and review any complaints the facility had received within the last 12 months of child(ren)'s enrollment.

Signature of enrolling Parent/Guardian: _____ Date: _____

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PARENT HANDBOOK AGREEMENT

I, _____ have read and understand the facility information packet I received from Sunset Montessori Community. I hereby agree to follow all terms and conditions stated in said packet.

I hereby agree that I have read the outlined policies and procedures included in the handbook as follows:

- | | |
|--------------------------------|--|
| 1. Mission statement/policy | 14. Special needs/illness policy |
| 2. Tuition information/payment | 15. Smoking |
| 3. Scheduling/withdrawal | 16. Personal belongings |
| 4. Vacation | 17. Lunch/snack/allergies |
| 5. Center Operations | 18. Birthday celebrations |
| 6. Before/after school care | 19. Holidays |
| 7. Field Trips | 20. Attendance |
| 8. Admissions/enrollment | 21. Discipline policy |
| 9. Student confidentiality | 22. CPR/first aid |
| 10. Check in/out procedures | 23. Insurance/emergency procedures |
| 11. Reaching parents/guardians | 24. Parent participation/cell phone policy |
| 12. Custody orders | 25. Infant/toddler care |
| 13. Grievances | 26. Potty-training guidelines |

Signature of enrolling Parent/Guardian: _____ Date: _____

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FINANCIAL AGREEMENT

A one-time non-refundable registration fee of _____ and the first week's payment of _____ is due on or before the first day of attendance. Thereafter, payment is due by the first of each month or according to the payment schedule agreed upon by both parties (enrolling parent and SMC agent). A _____ late fee (per child) will be assessed if tuition is not paid by the due dates. Services may be reused if tuition is not paid by Thursday of the given week. Children in attendance more than 10 hours per day or 50 hours per week will be charged an additional _____. Any balance owed on accounts will be sent to a collection company where they will attempt to collect the unpaid balance, plus interest fees assessed by them.

Schedule changes: Any changes to the original set schedule must be done two weeks in advance and approved by Sunset Montessori Community. Failure to provide notice will result in the regular tuition charges.

Withdrawal: Withdrawal notice must be made a month in advance of the planned withdrawal date. Failure to provide two weeks' notice will result in tuition charges and forfeit of deposit. Two weeks' notice must be done in writing and give to Sunset Montessori Community.

Returned checks: Returned checks will be subject to a _____ fee in addition to late fee charges.

Late pickup: The center's hours are from 7:30 a.m. – 5:00 p.m. Monday – Friday. Late pickup starts one minute after closing time. A late fee of _____ per 15 minutes will start and must be paid upon pickup.

FINANCIAL PLAN (OFFICE USE ONLY)

Monday __ Tuesday __ Wednesday __ Thursday __ Friday __ From ____ a.m. to ____ p.m.

Registration fee \$ _____

Monthly tuition \$ _____

Discount (if applicable) _____

***I have read and understand the terms set forth by Sunset Montessori Community. I agree to the financial schedule as noted above. ***

Signature of enrolling Parent/Guardian: _____ Date: _____

Parent's name (print): _____

Child's name (print): _____

Director's Signature: _____ Date: _____

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TUITION CONTRACT

Tuition will be billed every Monday.

A late fee of _____ will be added to any account with a tuition balance at noon on Wednesday of every week.

This _____ late fee will be continually added each Wednesday until payment has been made in full.

If an account maintains a balance for more than 2 weeks, it may be turned over to our collection agency.

An account turned over to collections will continue to receive a _____ late fee weekly.

During the school year, payment is due weekly, regardless of attendance. Any amount of vacation may be taken, tuition free, during the summer months.

Holidays/Vacation Sunset Montessori Community will be closed for traditional holidays and teacher training days. Regular tuition is due for weeks that include holidays when Sunset Montessori Community is closed. We reserve the right to close for additional days as needed. Written notice will be provided. Tuition free vacation may be taken on a weekly basis during summer months. Please submit plans in writing 30 days in advance. Tuition is due throughout the academic school year regardless of attendance.

I have read and understand the above stipulations regarding tuition payments for Sunset Montessori Community.

Signature of enrolling Parent/Guardian: _____ Date: _____

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CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: _____

Billing Address of Credit Card: _____

City _____ State _____ Zip: _____

Credit Card Number: _____

Expiration Date: _____ CC Security Code: _____

Amount: _____

Keep card on File: Yes No

I authorize Sunset Montessori Community to charge all tuition and fees related to my account to my credit card provided herein. I agree that I will pay for these transactions in accordance with the issuing bank cardholder agreement.

Signature of enrolling Parent/Guardian: _____ Date: _____

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HEALTH STATEMENT

Date of Pre-admission Exam: _____

Child's Name: _____ Birth Date: _____

Parent's Name: _____

Parent's Address: _____

Name of Doctor of Health Agency: _____

Doctor's Address: _____

Doctor's Phone Number: _____

1. Is there any reason why this child should not be immunized? YES / NO (please circle one)

Status of the above child's health: _____

2. Any known conditions under treatment: _____

3. Does the child have any known ALLERGIES? _____

Is the child capable of adjusting to programs of the childcare facility? YES / NO (please circle one)

Reason: _____

Signature: _____ Date: _____

(Signature of Physician or Health Agency Representative)

**** Remember to keep immunizations and records updated. A copy is required for your son or daughter's childcare file in order to comply with state licensing requirements.**

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PROTOCOLS

1. Drop offs and pickups will be curb side. The least amount of parents coming in and out the building is very important.
2. We will take temperature immediately upon arrival.
3. Tascha will be in charge to clock kids in and out, but parents will initial the In and Out sheets.
4. Once child is in the building, we will direct them to wash their hands. This will be an essential part, and we will continue this procedure constantly throughout the day.
5. Montessori material and any other material used will be immediately sanitized after each individual use.
6. Desks will be 6ft apart from each other, as well as the mats during nap time.
7. The playground will be sanitized before and after the children use it.
8. During outside time, we will try our best to come up with games that implement social distancing, but as you can understand with kids, it will be challenging.

SAFETY: We disinfect constantly everyday and at the end of the day. We have UVC lights that we blast for 30 minutes at the end of the day to make sure everything in the rooms is sanitized. The UVC lights will destroy any bacteria or virus.

A child presenting fever, or any other signs of illness will be isolated, and parents will have to pick the child up immediately. Child must stay home and may only come back with a doctor's note stating that they are cleared.

I understand and will comply with these new measures for the safety and well-being of my child.

Signature of enrolling Parent/Guardian: _____ Date: _____