



2019-2020 After School Pick Up Enrollment Agreement

I hereby apply for pick up, admission and care of my child, _____(child's name), with Sunrise Montessori in their After School program until the last day of school at Kerley Elementary School, Harrington Elementary School or Veterans' Hill Elementary School. Regardless of how many days are in each week or school holidays, I agree to pay the weekly fee in the amount of **\$80 per week**.

Please initial each section below:

____Fees

I understand and agree to pay the \$80 weekly fee, \$25 registration fee and any late pick up or bounce fees. The \$80 weekly fee is charged on my credit card every Thursday for the upcoming week or if that falls on a holiday, the following business day. I understand that my child is admitted for the full academic year from my child's start date until the last day of school and that my agreement to pay for the full academic year is not subject to change regardless of the reason for my child's absence(s). My weekly fee includes: 1) picking up my child at their elementary school after school ends and 2) care of my child until 6:00PM, and 3) a guaranteed spot for full day care when the elementary school is closed and we offer care. I understand that unenrolling my child waives my right to reserve future enrollment. As soon as a spot in Sunrise Montessori's After School program is offered and accepted by me, my credit card will be charged a non-refundable \$25 Registration fee to secure enrollment. Enrollment is not guaranteed until Sunrise Montessori has 1) A signed Enrollment Agreement, 2) A spot is offered, and 3) Fees have been paid in full.

____Termination of Enrollment Due to Non-Payment /Non-Communication

I understand that if my account is not paid in full BEFORE the first day of the week of pick up that I risk my child's enrollment being cancelled and not having my child picked up from school. I am aware that if I do not pay on time that I am responsible for picking up my child. I understand that if my child is not at school for pick up that it is my responsibility to CALL Sunrise Montessori and inform them NO LATER THAN 12:00PM that day or I may be charged a \$25 fee.

____Pictures and Social Media

I understand that by signing this Enrollment Agreement I am giving permission to Sunrise Montessori staff to take pictures and/or video of my child and to possibly use these pictures on Sunrise Montessori's website, posting on bulletin boards at Sunrise, Sunrise Montessori's Facebook page, Weekly Updates, Schoolwide Newsletters, Preschool2Me (attendance /reports /parent messaging), and Instagram. Neither child nor parents will be compensated for photos or video taken.

____Late Pick Up Fees/Late Payment Fee/Returned Payment

I understand that a Late Pick Up Fee of \$2 PER MINUTE will be assessed if my child is picked up after 6:00PM. The Late Pick Up Fees will be charged to my credit card attached to my account. Also, chronic late pick up of a child 7 or more times in a school year may result in termination of enrollment. If a credit card payment does not go through for any reason, a \$25 Bounce Fee will be assessed. All bounce fees, late fees and enrollment fees must be paid by noon the following business day or enrollment may be terminated. If the credit card bounces 3 or more times during the school year, my child's enrollment may result in termination.

____Withdrawing

A two-week signed or emailed written notice is required before withdrawing my child from Sunrise Montessori. Even if my child stays only a portion of their remaining two weeks with Sunrise Montessori, I understand that I am still obligated to pay the full two week's tuition. Sunrise Montessori also has the right to refuse future enrollment for any reason at any time. If I choose to withdraw my child for any reason and then re-enroll at a later time, I understand that I will pay a \$100 Re-Enrollment Fee.

____Liability Waiver

I understand that my child and all children at Sunrise Montessori will be engaging in activities that may involve risk or injury. I will not hold Sunrise Montessori including its agents and/or employees, responsible for risk or injury. In consideration for acceptance of my child as a student at Sunrise Montessori, the undersigned agrees to all of the aforementioned policies and procedures in this Enrollment Agreement. I am also aware that Sunrise Montessori can decline enrollment for my child for any reason.

____Immunizations

My child's immunization records are on file with their elementary school.

Full and Early Release Days (Please read this section completely!)

I understand that when my child's school is closed or has an early release schedule that Sunrise Montessori may have a full day program available. If Sunrise Montessori is open when my child's elementary school is not, then care is usually but not always available, so I need to check to make sure care is offered. It is my responsibility to drop off my child(ren) and pick them up during Sunrise Montessori's normal business hours on full days and that my child must bring a sack lunch. A full day of care is an additional \$30 and an early release day of care is an additional \$15. I am aware that I must notify Sunrise Montessori at least two full days BEFORE the full or early release day if my child will NOT be attending, otherwise Sunrise Montessori will charge my credit card for the additional fee, assume my child needs care and will make staffing plans accordingly.

Name of Child

Male or Female?

Date of Birth

Printed Name of Parent /Guardian

Email Address

Mailing Address

Phone Number

Signature of Parent /Guardian

Date

What is your anticipated or requested first pick up date for your child? _____

*Which school does your child need pick up from?
Please CIRCLE one: Kerley ES, Harrington ES or Veterans' Hill ES*

In the event I cannot be reached to make arrangements for EMERGENCY MEDICAL CARE, I authorize a person in charge to take my child to:

Physician

Address

Phone #

Emergency Medical Care Facility

Address

Phone #

I give consent for Sunrise Montessori to secure any and all necessary emergency medical care for my child:

Signature of Parent or Legal Guardian

Date

Emergency Pick Up -- In the event I am unable to pick up my child, I hereby authorize Sunrise Montessori Preschool to allow my child to leave their property ONLY with the following person(s). Please list name & telephone number for at least one person. You may list up to three.

Pick Up #1

Address

Phone #

Pick Up #2

Phone #

Pick Up #3

Phone #