

BACKGROUND INFORMATION

Religion: _____ Are parents divorced or separated? _____ List other adults in the house: _____

Special circumstances such as joint custody, restraining orders, adoptions, etc.: _____

Family's cultural/ethnic heritage? _____ What languages are spoken within the family? _____

Well-Child Visit Date: _____ Dental Visit Date: _____ Vision/Hearing Screening Date: _____

Local School District? _____ Which Elementary School does/will your child attend? _____

Previous schooling? _____ How did you hear about Ponderosa? _____

Does your child have specialized needs? No Yes If yes, explain: _____

COMMENTS ON CHILD'S DEVELOPMENT (note allergies, habits, language, special needs or outside services that he/she is receiving, unusual situations in the home or child's life that would be useful for understanding the child)

INFORMATION REQUIRED BY NM STATE LAW

IMMUNIZATIONS

Children ***must*** have all State of New Mexico required immunizations or Exemption. Please provide a copy of your child's current immunization records or waiver. Immunization records are required prior to first day of school.

EMERGENCY CONTACTS

Required: Two (2) In-Town (other than parents) plus Physician

(Name and Relationship) (Address) (Phone #)

(Name and Relationship) (Address) (Phone #)

(Name of Physician) (Name of Physician Facility/Hospital) (Phone #)

The school will contact parents at home or at work should a child become ill. Should a medical emergency exist, the school will call the local 911 number in addition to contacting the parents. The school and the staff will be absolved of any charges or liability in so doing.

The payment for care of each child shall be monthly, based upon the latest Tuition Schedule and each child's schedule, and is due to the provider in advance of care or they will be charged a late fee of \$50 per late payment as set forth in the Handbook. By signing this Agreement, Parent(s)/Guardian(s) agree to pay a non-refundable Registration Fee, the first month's tuition, and agree to all fees and billing procedures as set forth in the Handbook which they acknowledge receiving today by signing this Agreement. If a personal check is returned due to a lack of funds, the Parent/Guardian may be charged a \$75 returned check fee. If a check is returned more than one time, only cash or money orders will be accepted as payment. Additionally, failure to pay in accordance with the terms of the Handbook policies may result in immediate termination of this Agreement.

The provider will not be open for business on Holidays and during school cancellations/closures as set forth in the Handbook. Parents/Guardians will still be expected to pay the regular monthly tuition during their scheduled vacations. If a child is ill or will be absent from school, the provider must be given reasonable notice.

This Agreement may only be terminated by the Parent(s)/Guardian(s) or the provider in accordance with the termination policies set forth in the Handbook. If Ponderosa Montessori School chooses not to enforce any portion of the Agreement, it does not give up their right to enforce any other portion of the Agreement. This Agreement may be revised at any time by Ponderosa Montessori School as necessary. The terms of this Agreement are governed by the policies of Ponderosa Montessori School as set forth in the Handbook.

The signatures below indicate agreement with this Agreement and with the written policies of the provider set forth in the Handbook. Ponderosa Montessori School may change policies as needed. Both custodial parents or legal guardians must sign this Agreement and agree that both will act as guarantor to the Agreement and agree to be bound by all financial terms.

Signature (all Guardians): _____ Print Name: _____ Date: _____

Signature (all Guardians): _____ Print Name: _____ Date: _____