



Moscow Day School

Moscow, Idaho

Enrollment Form

Child's Full Name: _____

Name you wish your child to be called at school: _____

Birth Date: _____ Anticipated Start Date: _____

Please indicate your childcare needs. The available hours are 7:30am to 5:30pm. *Part time and half day definition: *3 Full Days or 5 half days (half day is 7:30-12:30 or 12:30-5:30)*

Please call the school if your child will be absent or late 208-882-8426.

My child's schedule will be (please chose one):

25-30* hours 31-40 hours 41+ hours

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Part Time*					
Full Time Specify Arrival and Departure					

HOW MUCH TUITION WILL YOU BE BILLED EACH MONTH?

MDS averages the number of school weeks per month over the course of the school year. This means your tuition will be the same amount each month, regardless of how many school weeks are actually in that month. **Monthly tuition is determined by the number of hours your child attends each week by 4 (the average number of school weeks per month).**

TUITION RATES

MONTHLY	25-30* hours	31-40 hours	41+ hours
Infant (6wks - 15mo)	\$660	\$825	\$950
Toddler (15mo - 2 1/2yrs) <i>not potty trained</i>	\$600	\$725	\$850
Preschool (2 1/2 - 4yrs) <i>Potty trained</i>	\$570	\$650	\$800
Pre-K (4 - 8yrs)	\$540	\$625	\$750

REGISTRATION FEE

All families are required to pay a **\$25 registration fee** at the time of enrollment. If after enrolling your child, you choose not to attend, you will forfeit your registration fee. **It is non-refundable. Your enrollment will not be accepted without the registration fee.**

SUPPLY FEE

To cover the cost of our many activities and projects, a \$60 per child fee will be added to tuition invoices 3 times a year. Summer, Fall, and Winter (supply fee will be pro-rated for those enrolling later in summer or enrolling for partial semester sessions).

TUITION PAYMENTS

You will receive your bill on or around the first school day of the month, to be paid **in full** by the 10th. If tuition is received after the 10th, a \$20 late fee will be added to your account. Tuition may be paid by cash, check or money order. Checks returned due to insufficient funds will result in a \$25 fee.

TUITION PAYMENTS (Continued)

- **15% discount for siblings will be applied to lowest tuition rate.**
- **Drop-in care is sometimes available at \$5.00 per hour for PreK, Preschool and Toddlers and \$5.50 per hour for Infants. We do require advance notification to verify that space is available.**

OUTSTANDING ACCOUNTS

If the balance has not been paid 15 days after the due date, a written notice will be issued. Accounts 30 days past due will result in the child not being able to attend MDS and the child's spot will be filled from our waiting list. After 60 days, the account will be turned over to a collection agency.

LATE PICK UP

Your pre-planned schedule as listed above needs to be followed. Any changes need to be pre-approved for staffing purposes. Any permanent changes should be made through the Director. We schedule our staff according to the number of students scheduled for any particular time. Time outside of your child's schedule (unless preapproved) could cause the teachers to be out of ratio. **If your child is dropped off before or picked up past their scheduled time, you will be required to pay an additional fee of \$5.00 per minute.**

The program ends promptly at 5:30 PM. If a parent/guardian does not show up to pick up their child by 5:30, the teachers will immediately call the parent/guardian and emergency contacts. If the child remains at the school at 6:00 pm without communication from the parent/guardian and no designated person arrives to pick up the child, then the police will be contacted and a police officer will come to the school and take the child to the police station.

THERE IS NO CREDIT FOR VACATIONS, SICK DAYS OR EARLY PICK UP TIMES.

WITHDRAWAL FROM THE CENTER

We require two weeks written notice if you are withdrawing your child from MDS. Giving us notice allows us the opportunity to fill your child's spot with a new student. Please give your written notice to the Director. Your account will be assessed two weeks tuition if proper notice is not given.

NAP OR QUIET TIME

Toddlers and Preschoolers have quiet time from 12:45 pm- 2:45 pm. The school provides a napping cot/mat. Please provide a blanket and travel size pillow for your child. The blanket must be taken home at the end of the week and returned clean on Monday. Picking up your child during this time is not recommended.

REGISTRATION CHECKLIST (forms required prior to first day of attendance):

- Completed and Signed Enrollment Form (including Permissions Form and Registration/Tuition Agreement)
- Food Allergy/Intolerance Form (available on request if needed)
- Read Parent Handbook (accessible online at www.moscowdayschool.org)
- Current Immunization Records
- \$25 Registration Fee (One-time Fee)

I have read and understand the above agreement:

Parent/Guardian signature _____ **Date** _____

Parent/Guardian signature _____ **Date** _____

IMPORTANT INFORMATION *(Please Print Clearly)*

Name of Child: _____ DOB: _____

Mother/Father/Guardian Full Name: _____

Cell Phone: _____ Home Phone _____

Email Address: _____

Address: _____

Occupation: _____ Work Phone: _____

Mother/Father/Guardian Full Name: _____

Cell Phone: _____ Home Phone _____

Email Address: _____

Address: _____

Occupation: _____ Work Phone: _____

Parents are: Married, Living Together, Divorced/Separated, Widowed, Single

Parent/Guardian with legal custody: _____

Emergency Contacts (Someone local in case we are unable to reach parents)

Primary Emergency Contact: _____

Phone: _____ Relationship to Child: _____

Secondary Emergency Contact: _____

Phone: _____ Relationship to Child: _____

Allergies / Concerns / Medications:

Adults authorized to pick up my child:

PERMISSIONS FORM

Name of Child: _____

Committees:

Moscow Day School has 4 committees. Please indicate your email and which committee you would like to participate in. The Fundraising Committee, Grant writing Committee, Maintenance Committee, and the Recruitment /Retention Committee.

Committee _____	Email _____
Committee _____	Email _____

Phone list:

I agree to have my name and phone number included on my child's roster which will be made available upon request to any parent whose child is enrolled in my child's class. (not for solicitation)

Parent/Guardian signature _____ Date _____

Emergency medical care:

In the event of an emergency, it may be impossible to reach you to approve medical care. Your signature below gives permission for the administration of necessary medical aid and releases the school/hospital from responsibility if such aid is administered. The cost of medical care remains the sole responsibility of the parent/guardian.

Parent/Guardian signature _____ Date _____

Medication:

I understand that MDS staff cannot administer **any over the counter medication without a physician signed release form**. MDS staff cannot administer **prescribed medication** unless it is in the original bottle and labeled with the child's name. A medication consent form must be filled it with the appropriate directions by the parent. Please do not ever send medication to school in lunchboxes or leave in cubbies. All medication must be hand delivered to a teacher.

Parent/Guardian signature _____ Date _____

Sudden Infant Death Syndrome (SIDS):

I have reviewed the policy in the Parent Handbook (General Information, Letter "N") and am aware of Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death Syndrome (SUIDS) policy at Moscow Day School.

Parent/Guardian signature _____ Date _____

PERMISSIONS FORM *continued*

Idaho STARS Steps to Quality Consent:

Moscow Day School is participating in the Idaho STARS Quality Rating and Improvement System known as *Steps to Quality* in an effort to demonstrate our commitment to providing your child with high quality early care and education. *Steps to Quality* is a building block system, meaning each step is verified through documentation and observation of quality practices during verification visits. During verification visits Idaho STARS assessors, may review child files to see how the program supports and plans for individual children. We would appreciate your permission to share any necessary documents that may pertain to your child during our *Steps to Quality* verification visit. **No documents being reviewed for verification will be collected.**

Parent/Guardian signature _____ **Date** _____

Sunscreen:

As the weather gets warmer, the children will be spending more time outside. Please introduce sunscreen into a part of your morning routine and apply before arriving at school. Moscow Day School will only be applying sunscreen before lunch recess. If you would like for us to apply sunscreen to your child, please sign and they will receive a mid-day block-up.

Parent/Guardian signature _____ **Date** _____

Hand Lotion:

I hereby give my permission for the use of Hand Lotion on my child as needed.

Parent/Guardian signature _____ **Date** _____

Photographing my child:

I hereby give my permission for my child to be photographed or videotaped by Moscow Day School staff or any other person associated with the school.

Parent/Guardian signature _____ **Date** _____

Photographing my child for use on internet (we regularly post photos of our activities, field trips and projects on the MDS Facebook page):

I hereby give permission for my child to be photographed by MDS staff and put on our school's website (www.moscowdayschool.org and our MDS social networks).

Parent/Guardian signature _____ **Date** _____

PERMISSIONS FORM *continued*

Field trips:

I hereby give my permission for my child to go on supervised field trips and to be transported by city bus, rented school bus or walking.

Parent/Guardian signature _____ **Date** _____

Face Painting/Nail Painting/Hair Color: *Please check all that apply*

On special days, MDS staff may paint nails and/or faces and apply colored hair products. I hereby give permission to apply ___face paint ___fingernail polish ___colored hair products to my child.

Parent/Guardian signature _____ **Date** _____