



The Bilingual Montessori School of Sharon

SUMMER CAMP 2022 CONTRACT

BMSS is a private Bilingual Montessori School which prides itself in being committed to a love of life-long learning. BMSS is also committed to promote positive, healthy attitudes within our students and our staff. BMSS believes in helping our students becoming forward-thinking, happy, and successful individuals as they grow and develop. The goal of this contract is to ensure a stable, well-managed school experience for your children and our entire school community.

For good and valuable consideration and in consideration of the acceptance of this Contract by the school, receipt of which is hereby acknowledged by me, I _____ agree to the following:

Please enroll my child/children at The Bilingual Montessori School of Sharon for the summer program 2022, subject to the obligations, conditions, and financial terms herein this contract and the school's handbook.

Payment Options

Summer Tuition paid in full at Enrollment

Terms and Conditions of Enrollment

By signing this contract, I understand and agree that I am paying a non-refundable tuition for the Summer program only (excluding of the school year) and, regardless of my child's/children's withdrawal, force majeure, natural or man-made disasters, including but not limited to a Public Health Emergency Crisis such as the current Covid-19 Pandemic, non-attendance, or termination. I understand that BMSS relies on this contract to make significant commitments including but not limited to its teachers' employment. Therefore, I agree to pay the one-year tuition regardless of whether my child/children attend(s) camp or he/she does not for any reason. Moreover, I understand that our Summer program has limited spaces available, and reserving space for one student may prevent another's acceptance.

I have fully read all the provisions of this Contract, and agree to complete the required information, sign and return it to the office. A student is not considered enrolled until this Contract has been delivered to the school, countersigned, and dated, along with the non-refundable full tuition payment for the summer. A copy of the accepted Contract will be returned to me by BMSS. No amendment to this Contract and no alteration to the printed terms hereof will be effective without the express written approval of the school's Board or head of school.

Name of Student _____

DOB _____

Name of Student _____

DOB _____



Terms of Contract

For good and valuable consideration and in consideration of the acceptance of this Contract by the school, the undersigned agrees to pay the required total tuition for the summer camp and any additional fees incurred and agrees to be bound by the provisions of this Contract. Below, I check my child's/children's program and payment options:

Name of Student _____ DOB _____

Name of Student _____ DOB _____

TODDLER Days _____ Half Full Tuition \$ _____

PRIMARY Days _____ Half Full Tuition \$ _____

Note: BMSS only accepts payment by checks. All checks should be made payable to BMSS.

I understand and agree to the following conditions of this contract:

1. Once my child's application has been accepted, Parents or Guardians are responsible for the Full payment of the tuition as stated above.
2. I understand that all registration forms for my child /children, including the medical forms must be completed before my child attends the summer program if they are missing in child's file and must be kept current at all times. I understand that all medical information must be updated in accordance with the guidelines established by the City/or State. I will notify BMSS of any changes in my child's/children health or family situation which would affect the registration information. I will abide by all The Bilingual Montessori School of Sharon policies for use of the summer camp and hours of operation.

I understand that the required COVID 19 Attestation Form must be presented at camp every morning at drop off time. Without this form your child/children cannot attend school for the day.

3. I agree that all materials furnished in connection with my child use of the summer program are proprietary to The Bilingual Montessori School of Sharon.
4. I agree that I shall not solicit any employee of the school to leave employment at the school, and I shall not hire, employ or contract with any employee of the school to perform any and all childcare services, babysitting, or other similar services for myself or my family.
5. I understand that failure to abide with the above paragraph #4 shall result in a monetary fine for the cost of advertisement and training to replace the school employee. Such fine could be up to \$10,000.00 or more.

6. I understand that failure to abide by any of the foregoing may result in the termination of the contract, and full payment of the Summer Program shall be forfeited.

7. For any session to be operational it is required that 12 students be enrolled. In the vent that we cannot reach the 12 students threshold the session will not be held.

Parent/Guardian's Signature _____ Date _____

Finance Department: Joel Valentin _____ Date _____

BMSS admits students of any race, gender, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, gender, color, national and ethnic origin in administration of its educational policies, admissions policies, athletic and other school-administered programs. For purposes of school budget, BMSS reserves the right to increase tuition at any time during the school year.

The Bilingual Montessori School
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REGISTRATION SUMMER CAMP 2022

TUITION

Toddler 15 months – 3 years

5 days 8:00 am - 3:00 pm **\$1439.82**/session

3 days 8:00 am - 3:00 pm **\$1180.13**/session

Primary 3 – 6 years

5 days 8:00 am - 3:00 pm **\$1354.93**/session

Extended hours **\$25** per hour

- Registration and Materials Fee \$450 per students
- Tuition to be paid in full upon registration
- Minimum 2 Sessions Enrollment

Registration Due
May 1, 2022

Child's Name _____

Date of Birth _____

PROGRAM Toddler Primary

SESSION 1 (June 6 – 17)

Athletic Program

Days _____ Hours _____

SESSION 2 (June 20 – July 1)

Water Program

Days _____ Hours _____

SESSION 3 (July 5 – July 15, Closed July 4)

Dance

Days _____ Hours _____

SESSION 4 (July 18 – July 29)

Drama Program

Days _____ Hours _____

SESSION 5 (August 1 – August 12)

Science and Exploration Program

Days _____ Hours _____

Total Cost \$ _____

I understand that fees are not refundable and do not apply to other sessions.

Parent/Guardian Signature _____

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FIRST AID AND EMERGENCY MEDICAL CARE CONSENT

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____
Address: _____
Phone Number: _____

Child's Allergies: _____
Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____
Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

PARENT /GUARDIAN SIGNATURE _____ DATE _____

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MEDICATION CONSENT

Name of child: _____

Name of medication: _____

Please ✓ one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (**applied to open wound/ broken skin**) _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ **Date** _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

PARENT /GUARDIAN SIGNATURE _____ DATE _____

For topical, non-prescription not applied to open wound/broken skin (parent signature only)

*The Bilingual Montessori School
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TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT PICK UP

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

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MY CHILD WILL DEPART FROM THE PROGRAM:

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SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

*The Bilingual Montessori School
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DEVELOPMENTAL HISTORY AND BACKGROUND

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

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DEVELOPMENTAL HISTORY AND BACKGROUND

- * Is your child fed held in lap? _____ High chair? _____
* Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

- *Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____
*Do you use: oil: _____ powder: _____ lotion: _____ other: _____
*Are bowel movements regular? _____ How many per day? _____
*Is there a problem with diarrhea? _____ Constipation? _____
*Has toilet training been attempted? _____
*Please describe any particular procedure to be used for your child at the center: _____

*What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____
*How does your child indicate bathroom needs (include special words): _____
Is your child ever reluctant to use the bathroom? _____
Does your child have accidents? _____

SLEEPING HABITS

- *Does your child sleep in a crib? _____ Bed? _____
Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

When does your child go to bed at night? _____ and get up in the morning? _____
Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

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DEVELOPMENTAL HISTORY AND BACKGROUND

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)

*The Bilingual Montessori School
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EMERGENCY CONTACTS

Name of Student _____ Date of Birth _____

Allergies _____

Parent 1

Name _____

Phone number _____

Parent 2

Name _____

Phone number _____

Emergency contacts if parent cannot be reached.

Emergency Contact 1

Name _____

Phone number _____

Emergency Contact 2

Name _____

Phone number _____