

## ENROLLMENT AND SCHOOL INFORMATION 2021-2022

**REGISTRATION:** ALL REGISTRATION FORMS MUST BE SIGNED AND DATED BY THE PARENTS OR LEGAL GUARDIANS FOR EACH CHILD ENROLLED IN THE BUSY BEES MONTESSORI SCHOOL (hereinafter the "School").

1. APPLICATION FORM AND CONTRACT FORM
2. FAMILY QUESTIONARY
3. HEALTH FORM- A health form (to be provided) must be current within six months of this application and is due on or before Contract's start date.
4. BIRTH CERTIFICATE. \*
5. SUMMARY OF LICENSING STANDARDS RECEIPT

### SUPPLIES NEEDED:

1. Two sets of clothes with name on tags. (Including underwear and socks)
2. Inside gym shoes with name on tags for walking children. (will put them on at arrival)
3. Diapers, pull-ups, wipes, diaper rash ointment (whatever your child uses).
4. Disinfecting wipes for sanitizing the classroom as needed.
5. Blanket with name on tag and a cot sheet (Order online at [lakeshorelearning.com](http://lakeshorelearning.com)) INFANTS: sleep sack and small crib sheet (will be washed by parents every week).
6. INFANTS: We welcome you to bring breast milk. It must be defrosted, labeled, and dated. We will store in the refrigerator for the day and will return the unused portion to you at the end of the day. If you choose formula, it must be prepared in the bottle, labeled, and dated.
7. INFANTS: Two bibs with your child's name on the tags (will take turns with parents to be washed).

### ARRIVALS AND DEPARTURES:

Please send your child clean and comfortably dressed for the day and make your goodbye brief. Toys brought from home are not allowed and we will not be responsible for outside toys. We will have a daily health inspection and we will wash your child's hands upon arrival. No one other than the parents or a designated person will be allowed to pick up your child without making prior arrangements. Persons unknown to the School staff will be required to provide a driver's license (with photo), a photo identification card issued by the Illinois Secretary of State, or other photo identification to establish their identity before the child is released to them. No child will be admitted after 9:30 a.m. unless it is because of a doctor's appointment. Parents must call to let us know about a late arrival and must bring a note from the doctor. Breakfast will not be served after 9:00 a.m. If your child is going to be on a scheduled absence, please let us know as soon as possible. For a same day absence, you should call before 8:00 am.

\*DUPLICATE BIRTH CERTIFICATE: A certified copy of child's birth certificate or other reliable proof of the child's identity and age such as a passport, visa or other governmental documentation must be presented within 30 days of enrollment. Local law enforcement will then be immediately alerted. Should a passport or visa be submitted in place of the birth certificate, parents are to provide a sworn affidavit or notarized letter stating why a birth certificate is unavailable. The School is required by law to notify the Illinois State Police or local law enforcement agency if you fail to submit proof of the child's identity within the 30-day time-frame. If, after 30 days, this documentation is not presented, the School will notify the police and you will have an additional 10 more days to comply by submitting the required documentation. (Public Act 95-0439)

## BEHAVIORAL STRATEGIES

**BEHAVIOR MANAGEMENT AND DISCIPLINE:** Below are strategies Busy Bees staff will use to respond to child misbehavior. It is always a good idea if rules are explained fully and are understood before any misbehavior occurs. Whenever possible, we will include your child in making rules for the classroom.

### •Redirection

This strategy will be used most frequently when working with young children. If a child is not following the rules or is being uncooperative, we will quickly get the child's attention and introduce another activity. For example, "Kate, please help me water the flowers now. You've been riding the bike for a long time and it's Logan's turn."

### •Logical consequences

These are structured consequences that follow specific misbehaviors. The child should be able to see how the behavior and the consequence are directly related. For example, Andrew is standing on his chair at lunch. His teacher will remind him that if he stands on his chair, he could fall and get hurt. While this may make him sad, it will remind the child of logical consequences.

### •Participate in the solution

If a child damage something, he/she needs to help in fixing it or in cleaning up. If a child causes someone distress, he/she should help in relieving that. For example, "It made Brandon very sad when you told him he wasn't your friend anymore. Please come apologize and help me make him feel better."

### •Natural consequences

Allowing children to experience the consequences of their behavior is also called learning the hard way. For example, Laura does not put her books back in her school bag after she finishes reading. One day she loses a book, and therefore must find a way to replace it. *We use natural consequences only if they will not endanger a child's health or safety.*

If these actions do not help in reducing or changing behavior the following will take place:

1. Staff will report behavior and what strategies have been attempted to the Director and/or Assistant Director.
2. The Director and/or Assistant Director will observe the child and meet with the Lead Teacher to develop a behavior management plan.
3. The behavior management plan will be discussed with the parent and then put into practice.
4. The Director and/or Assistant Director, Lead Teacher and Assistant Teachers, and parents will evaluate the behavior management plan. If needed, adjustments will be made.
5. If a child's behavior becomes threatening to themselves, other children, staff or teachers, the child will be removed from the classroom and possibly the program.

## TUITION AND HOURS

**HOURS:** FULL DAY: 7:30 a.m. – 5:30 p.m.  
 PARTIAL/FULL: 8:00 a.m. - 4:00 p.m.  
 HALF DAY: 8:00 a.m.-12:30 p.m.

Broken down monthly, the tuition rates for attending Busy Bees Montessori School are set forth in the following charts:

**MONTHLY TUITION FOR INFANTS, TODDLERS, AND TWO-YEAR OLDS:**

PROGRAM	5 DAYS A WEEK	4 DAYS A WEEK	3 DAYS A WEEK
FULL DAY	\$1500.00	\$1450.00	\$1250.00
PARTIAL/FULL	\$1430.00	\$1390.00	\$1180.00
HALF DAY	\$1390.00	N/A	N/A

**MONTHLY TUITION FOR THREE-SIX YEAR OLDS:** Must be three years old and potty-trained to qualify for this rate.

PROGRAM	5 DAYS A WEEK	4 DAYS A WEEK	3 DAYS A WEEK
FULL DAY	\$1300.00	\$1255.00	\$1130.00
PARTIAL/ FULL	\$1215.00	\$1170.00	\$1040.00
HALF DAY	\$1170.00	N/A	N/A

**RETURNING STUDENTS:** This contract circumvents all the previous contracts.

**REGISTRATION YEARLY FEE:** \$100 due with enrollment. SCHOOL YEAR 2021-2022: Sept 1st-August 31st.

**TUITION:** Tuition payments are due on the 1st Monday of each month for the upcoming month and will adjust to 4 or 5 Mondays in the month. There is open enrollment all year if there is an available place for your child. Registration must be renewed for the next school year on or before March 1st. There is an option to pay tuition biweekly at the discretion of the School Administrator. Tuition includes lunch, breakfast, and afternoon snack except for infants whose parents provide their own food. Tuition rates may be subject to change. The School will give a minimum of one month’s advance notice of any change in tuition rates.

**DEPOSIT FOR YEARLY CONTRACT:** This contract is for a complete school year. A deposit equaling one month of tuition will be required upon registration. The deposit will be used towards the 4 weeks of August if you don’t enroll for the next school year. If for any event you decide to withdraw before the end of August your deposit will be forfeited. If a parent enrolls more than one child in the School, a separate deposit must be paid for each child. If your child is continuously enrolled each year until graduation at 6 years of age, your initial deposit for their first enrollment will carry over each year, meaning you will not have to pay a new deposit amount each year. If, however, your child attends another school for a period of time and then comes back to Busy Bees Montessori School and has to re-enroll, a new deposit will be required.

**ALL PROGRAMS:** The School is operated on a yearly tuition basis. Parents should therefore be advised that the School will not exchange days or discount payments because of missed school days whether because of illness, holidays, professional days, personal vacations, school calendar vacations, school closing emergencies or any other reason.

## FEES

**PENALTIES:** If tuition payments are not timely received, a five-dollar late fee will be assessed for each day the balance is outstanding. Continued late payments may result in termination of the contract in the Administrator's discretion.

**LATE PICK UP OR EARLY DROP OFF CHARGES:** School hours are firm. Charges will apply for any early drop offs or late pick-ups. The charge will be assessed at \$1.00 per minute. Payment is made for staff and school inconvenience. Payment should be in cash but checks for late pick-ups may be accepted. Checks should be written out to the order of the specific staff member staying with your child. It is convenient that you call if you know you are going to be late. If the child is not picked up by 5:30 and you have not called, we are going to call you but if we can't reach you the emergency contacts are going to be called in order to pick up the child; and if for any reason we cannot contact anyone and the child is not picked up by 5:45, the police will be called and you have to pick him/her up at the police station.

**NSF:** For any check returned for insufficient funds, a fee of \$30.00 plus late fees will be assessed.

**SUMMER PROGRAM:** We offer scheduled summer program and if parents wish to spend more time with their children, they may have the option to reduce the full-time program to the minimum of 3 days program. This option shall be granted at the administrator's discretion.

**KEY CARDS:** The cost of the key cards is \$10 dollars due at enrollment. If your keycard gets damaged, lost or stolen there is a \$10 dollars replacement key.

**MUSIC CLASS FEE:** We have music together program on Thursdays at the 2 years old class and 3-6 class and the cost is \$200 for 2 seasons.

**FUNDRAISINGS:** Is mandatory to participate in 2 fundraising during each school year and collect \$200 on each.

## ILLNESS POLICIES

### ILLNESS AND MEDICINE:

If the child becomes ill during school hours, a parent or guardian will be contacted immediately to remove him/her within one hour of being notified. Once the child is removed from school due to illness, they may not return for a full 24-hour period unless a doctor's note is provided stating that the child is well. If we have to give medicine to your child please bring the copy of doctor's prescription with the medicine in its original container and the pharmacy labels on it. You also will need to fill out an authorization to administer medication form.

For minor bumps and bruises, we will provide first aid.

Please do not bring your child to School if she/he is sick. Per the Illinois Department of Children and Family Services (DCFS), children will not be allowed to attend School if they exhibit symptoms such as:

- Illness that prevents the child from participating comfortably in program activities;
  - Illness that calls for greater care than the staff can provide without compromising the health and safety of other children;
  - Fever 100 F with behavior change or symptoms of illness;
  - Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness;
  - Diarrhea;
  - Vomiting 2 or more times in the previous 24 hours, unless the vomiting is determined to be due to a noncommunicable condition and the child is not in danger of dehydration;
  - Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious;
  - Rash with fever or behavior change, unless a physician has determined the illness to be noncommunicable;
  - Purulent conjunctivitis, until 24 hours after treatment has been initiated;
  - Impetigo, until 24 hours after treatment has been initiated;
  - Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours;
  - Head lice, until the morning after the first treatment;
  - Scabies, until the morning after the first treatment;
  - Chicken pox (varicella), until at least 6 days after onset of rash;
  - Whooping cough (pertussis), until 5 days of antibiotic treatment have been completed;
  - Mumps, until 9 days after onset of parotid gland swelling;
  - Measles, until 4 days after disappearance of the rash; or
- Symptoms that may be indicative of one of the serious, communicable diseases identified in the Illinois Department of Public Health Control of Communicable Diseases Code (77 Ill. Adm. Code 690)

### MEDICAL EMERGENCIES:

In case of a serious accident or sudden illness requiring medical attention, the following procedures are followed:

1. A phone call to 9-1-1 is made.
2. The child's parent, guardian, or emergency contacts are called.
3. The child's health records are taken to the emergency service provider.

It is extremely important THAT PARENT'S KEEP EMERGENCY CONTACT INFORMATION UP TO DATE AND CORRECT. If the injury is serious (i.e. needs stitches, broken arm, or dislocations, etc.), parents will be responsible for all costs involved in emergency medical treatment, including emergency transportation if required. The School will not be liable for failure to contact you if you do not keep your emergency contact information up to date and accurate.

**POTTY TRAINING:** Our policy is that if a child is observed to be ready for potty training, we will inform his/her parent so that they can initiate the process. We will work as a team with you in order to make this a positive experience for your child. We will not punish any child for a potty accident and only positive and gentle coaching will be given. It is very important that you get involved in the process in order to make this a healthy transition for your child.

**DIAPER CHANGES:** For children using diapers, diapers will be checked and changed every 2-3 hours or more frequently if required. Each child will be diapered after waking up from his/her nap. Hand washing is performed after each change. All children will take a nap at or around noon.

**VISITS, TRIPS, AND EXCURSIONS:** We will visit the park often and we will plan a few field trips during the year. For field trips, you will be notified in advance and you will need to sign the permission slip and pay any transportation fees, if applicable.

**FOOD:** We provide children with breakfast and lunch. The snack is provided by parents. Children under 2 years of age shall not be fed berries, candies, raisins, corn kernels, raw carrots, whole grapes, hot dogs, nuts, seeds, popcorn, raw peas, or peanut butter, as these foods may cause choking. Any of these food items that are sent by a parent as a snack for a child under 2 years of age will be returned to the parent with a note stating the food is prohibited.

Allergies and special diets must be made known to us. We can put your child on a special diet only with a doctor's note and parents are responsible for their own child's meals if their child is on a special diet. We ask that outside food and candy not be brought into the School. Food for birthdays and special occasions is welcome with prior notice to the School. However, food brought for these occasions must be commercially bought and in their original sealed packages. We meet the USDA minimum meal requirements and established guidelines.

#### **GENERAL INFORMATION:**

1. Please sign in at arrival and sign out upon departure.
2. The first week of each month, you will receive a letter informing you of upcoming School activities.
3. We will provide you with a written daily report of your child's day.
4. Children will not be denied enrollment on the basis of sex, race, religion or disability.
5. **PRIVACY POLICY:** We will keep personal information on the children and their families private. However, DCFS will have access to that information.
6. We will speak Spanish to the children on a daily basis unless otherwise instructed.
7. Feel free to call or e-mail (preferred) at any time.
8. If a School item is broken or damaged by a child, the child's family will take it home to fix or replace it.
9. Infants may use pacifiers during rest time. To reduce the likelihood of spreading illness, pacifiers must be kept in a child's cubby or diaper bag during all other times of the day.

**INSURANCE POLICY:** The School shall carry public liability insurance in the single limit minimum amount of \$300,000 per occurrence.

## APPLICATION FORM 2021-2022

**Start Date:** \_\_\_\_\_ **For the days:** M T W Th F **from** \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. **Discharge Date** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Child's Pediatrician** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Employer's Name** \_\_\_\_\_ **Work hours** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Employer's Name** \_\_\_\_\_ **Work hours** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Cell Provider: Mother** \_\_\_\_\_ **Day : Cell Home Work** **Father** \_\_\_\_\_ **Day phone: Cell Home Work**  
**Night : Cell Home Work** **Night Phone: Cell Home Work**

**Emergency Contact: \***

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Please list all primary persons to whom the child may be released regularly: \***

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Please list all primary persons to whom the child may be released on a contingency basis\***

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Conditions** \_\_\_\_\_

**SOCIAL HISTORY:** Is your child adopted? \_\_\_\_\_ age at adoption: \_\_\_\_\_ Does your child know? Y N

Status of Parents: Single \_\_\_\_\_ Married \_\_\_\_\_ Living Together \_\_\_\_\_

Separated \_\_\_\_\_ How long \_\_\_\_\_ Divorced \_\_\_\_\_ How long \_\_\_\_\_

Stepfather \_\_\_\_\_ How long \_\_\_\_\_ Stepmother \_\_\_\_\_ How long \_\_\_\_\_

Custody/visiting arrangements: \_\_\_\_\_

By nature, is your child: friendly \_\_\_\_\_ assertive \_\_\_\_\_ shy \_\_\_\_\_ withdrawn \_\_\_\_\_

What frightens your child: animals \_\_\_\_\_ storms \_\_\_\_\_ loud noises \_\_\_\_\_ strangers \_\_\_\_\_ other \_\_\_\_\_

Does child like to be read to \_\_\_\_\_ listen to music \_\_\_\_\_ ride a tricycle \_\_\_\_\_

Does your child have experience playing with other children \_\_\_\_\_

What are your expectations of our program? \_\_\_\_\_

**DEVELOPMENTAL HISTORY:** Speech Problems \_\_\_\_\_ Hearing Problems \_\_\_\_\_

Age at which child first independently: sat \_\_\_\_\_ walked \_\_\_\_\_ slept through the night \_\_\_\_\_

named simple objects \_\_\_\_\_ repeated short sentences \_\_\_\_\_ began toilet training \_\_\_\_\_

Is child toilet trained? \_\_\_\_\_ Word used for urination: \_\_\_\_\_ bowel movement: \_\_\_\_\_

Does your child dress him/herself? \_\_\_\_\_ Undress? \_\_\_\_\_ Is child right or left handed? \_\_\_\_\_

What time does the child usually eat breakfast? \_\_\_\_\_ lunch? \_\_\_\_\_ dinner? \_\_\_\_\_

Any eating problems? \_\_\_\_\_ Is the family vegetarian? \_\_\_\_\_ Any food allergies? \_\_\_\_\_

Likes milk \_\_\_\_\_ cold \_\_\_\_\_ warm Likes to play with water? \_\_\_\_\_ go barefoot? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_ awaken? \_\_\_\_\_ does child sleep well? \_\_\_\_\_ Naps? \_\_\_\_\_

Favorite indoor play activities? \_\_\_\_\_ Outdoor play activities? \_\_\_\_\_

Does child have any other problems that we should be aware of? \_\_\_\_\_

What method of behavior control/discipline is used in your home? Please explain: \_\_\_\_\_

In what particular ways can we help your child? \_\_\_\_\_



## ENROLLMENT INFORMATION CONTRACT

I agree to register to my child : \_\_\_\_\_ at Busy Bees Montessori School

Start Date: \_\_\_\_\_ For the days: **M T W Th F** from \_\_\_\_\_ To \_\_\_\_\_ pm.

**All provisions of the Enrollment Information, including the Tuition, Hours, and Fees Provisions, are expressly incorporated into this Contract and by signing this Contract the Undersigned expressly bind themselves to all obligations on their part to be fulfilled.**

Your signature on this Contract grants Busy Bees Montessori School, without more, permission for the following:

1. To allow paramedics to take your child to the nearest hospital for emergency treatment and you will be responsible for the emergency medical charges.
2. To use your child’s photograph for purposes of school publicity and on the school’s website unless you have specifically and in writing stated that your child’s photograph may not be so used.
3. To take your child on walking excursions around the neighborhood with other written permission.
4. To allow staff to apply first aid and CPR when necessary.
5. To allow staff to apply to your child topical ointment when necessary.
6. To have your child nap daily.
7. To participate and cooperate on school fundraisings. (Parents)
8. To administer prescribed medicine to your child as specified in the prescription’s directions for administration and as specified by a physician’s note.
9. To administer over the counter medicine to your child as specified on written instructions signed by a parent/guardian or your child’s physician.

I am responsible to provide snacks for my toddler and preschooler and all meals for my infants –2years old.

I consent to the School commissioning an Integrated Pest Management program the first Friday of each month.

I am aware that there are video cameras recording and they are to be used at the administrator’s discretion. I understand the late pick-up procedures and regulations.

I acknowledge that this contract is from Sept 1st 2021 through August 30-2022. If I terminate this contract before 8-30-2022, my deposit will not be refunded.

I have read the entire enrollment, application, and contract forms, and I understand their contents. I have filled out all forms honestly and completely, and agree to their terms and conditions.

**GUARANTEE OF PAYMENT:** I acknowledge that all tuition, fees, and deposits are non-refundable as set forth herein. In the event of any breach by the undersigned of the terms and conditions of this Contract, the undersigned agree (s) to pay all attorney’s fees, court costs, and/or collection agency fees or commissions. All parents/guardians must sign this Contract and agree to its terms and conditions.

SIGNATURE OF PARENT/GUARDIAN	DATE	SIGNATURE OF PARENT/GUARDIAN	DATE
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