

Soaring Wings Montessori School

education for peace since 1987



Dear Parent(s),

If you would like to enroll your child, please complete and return the following items. You may drop them off on a school day or mail them to POB 682384, Park City, Utah 84068.

- > **Application for Enrollment**
- > **Enrollment Agreement**
- > **Authorization and Release Forms (3)**
- > **Annual Commitment Fee of \$500**
- > **Soaring Wings PTSO Membership Form**

When all of these items have been received and processed, you will receive confirmation of your child's enrollment.

Thank You!

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APPLICATION FOR ENROLLMENT

Student's Full Name _____ Birth Date _____ Gender _____

Parent _____ Occupation _____

Phones: Home _____ Work _____ Cell _____

Parent _____ Occupation _____

Phones: Home _____ Work _____ Cell _____

Parents: Married _____ Cohabiting _____ Divorced _____ Separated _____

Home Address _____

Neighborhood _____ E-mail Address _____

Mailing Address _____

Others Authorized To Pickup (Name/Phone Number/Relationship): _____

Others to Contact In Case Of Emergency (Name/Phone Number/Relationship): _____

Medical Conditions / Allergies / Serious Illnesses or Accidents / Complications during pregnancy or birth:

Family predispositions (ADHD / Dyslexia / Learning Disabilities): _____

Discipline methods used at home: _____

Siblings (Name/Birth year) _____

Schools Previously Attended _____

Describe Your Child _____

Goals For Your Child _____

How did you learn about Soaring Wings? _____

Please check here if you DO NOT want us to use your child's image in school promotional materials.

Signature _____ Date _____

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ENROLLMENT AGREEMENT

I, _____ (your name), am the parent or legal guardian of _____ (child's name), whose birth date is _____.

I would like to enroll my child at Soaring Wings Montessori School (SWMS) for the _____ school year or remainder thereof.

I would like my child to start SWMS on _____ and to attend the following campus.

_____ **Park Avenue Campus (1255 Park Avenue)** _____ **Jeremy Ranch Campus (2740 Rasmussen Road)**

I am financially responsible for this child and agree to all of the terms and conditions contained on both pages of this Enrollment Agreement.

I have enclosed the non-refundable Commitment Fee and request the following program.

_____ Parent/Infant Program (pregnancy – 18 mos) 9am – 12pm, F
(Jeremy Ranch campus only, no Commitment Fee, first month free)

_____ Toddler Program (ages 15 mos – 3 yrs) 8:45am – 12pm, T/Th

_____ Toddler Program (ages 15 mos – 3 yrs) 8:45am – 12pm, MWF

_____ Toddler Program (ages 15 mos – 3 yrs) 8:45am – 12pm, M - Th

_____ Toddler Program (ages 15 mos – 3 yrs) 8:45am – 12pm, M - F

_____ Early Childhood Program (ages 3 – 5 yrs) 8:45am – 12pm, M - Th

_____ Early Childhood Program (ages 3 – 5 yrs) 8:45am – 12pm, M - F

_____ Early Childhood Plus Program (ages 3 – 5 yrs) 8:45am – 3pm, M - Th

_____ Early Childhood Plus Program (ages 3 – 5 yrs) 8:45am – 3pm, M - F

_____ Elementary Program (grades K – 5th) 8:45am – 3:30pm, M - Th
(Park Avenue campus only)

_____ Elementary Program (grades K – 5th) 8:45am – 3:30pm, M - F
(Park Avenue campus only)

_____ Breakfast Club 7:45am dropoff

I understand and agree that the Commitment Fee is non-refundable.

Special considerations _____

(over)

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I hereby choose and agree to the following payment option for tuition due.

_____ **Option 1:** I will pay the tuition due in full directly to SWMS. I understand and agree that if I do not pay tuition in full directly to SWMS, a SMART account will be setup for me. If tuition is paid in full on or before May 31st prior to the school year indicated, a 5% discount may be taken and my SMART account will be closed.

_____ **Option 2:** I will make monthly payments to SMART Tuition.

If a SMART account is setup for me, I understand and agree that this requires that I pay SMART Tuition an annual, non-refundable administrative fee of \$40 per family. I understand and agree that payments are due on the 30th of each month, May through April, and that an \$80 fee will be added to my account for each late payment. If my child is enrolled after the annual payment cycle begins, I understand and agree that the balance of tuition due will be divided between the months left in the annual payment cycle. I understand and agree that I am paying tuition in advance and that those advance tuition payments are non-refundable.

I understand and agree that I am enrolling my child for the entire school year or remainder thereof. I understand and agree that I am committed to pay annual or pro-rated tuition in full even if I withdraw early. I understand and agree that I am paying tuition in advance and that those advance tuition payments are non-refundable. I understand and agree that if I have paid annual tuition in full, that entire payment is non-refundable.

I understand and agree that once a tuition payment of any amount is made, that payment will not be refunded under any conditions.

I agree to pay to SWMS any costs or expenses, including legal fees, relating to or arising out of the collection by SWMS of any tuition due pursuant to this Enrollment Agreement.

I further agree to pay 2% monthly interest on any past due balance pursuant to this Enrollment Agreement.

The laws of the State of Utah govern this Enrollment Agreement.

I understand and agree with the terms on both pages of this Enrollment Agreement.

Signature _____ Date _____
(Parent or legal guardian who is financially responsible for the child)

Signature _____ Date _____
(Administrator of Soaring Wings Montessori School)

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EMERGENCY MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

I, _____ (name), am the parent or legal guardian of _____ (child's name). I understand and acknowledge that my child may require first aid and/or emergency medical care for illness or accidental injury occurring at Soaring Wings Montessori School, Inc. (SWMS shall hereinafter refer to Soaring Wings Montessori School, Inc., its agents, directors and employees). In the event that my child should become or appear to become injured or ill, I hereby authorize SWMS to render such first aid to my child as may appear reasonably necessary under the circumstances. SWMS may take such actions as appear reasonable, necessary or in the best interests of my child and other children. SWMS may transport my child to the family doctor named herein or to any other hospital or emergency center which SWMS may, in its sole discretion, determine to be necessary or appropriate under the circumstances.

I further confer upon SWMS all requisite authority to act in my place and stead in authorizing such emergency medical care or treatment as may be found necessary or advisable by any health care professional. In the event my child should experience a medical emergency requiring professional health care services, SWMS will use reasonable efforts to notify me as soon as possible but will not delay authorization of any medically necessary treatment.

In the event that SWMS is required to execute an acceptance of financial responsibility to promptly obtain medical care for my child, I hereby unconditionally guarantee prompt and full payment for all medical services rendered. I further agree to reimburse, indemnify and hold harmless SWMS for all medical costs and expenses incurred on behalf of my child and all other sums of any kind related to such medical costs or expenses.

I hereby WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against SWMS for damages for death or personal injury my child may suffer as a result of (1) any efforts by SWMS to render First Aid; (2) emergency transportation to or from any doctor, hospital or emergency center by SWMS, (3) handling, diagnosis, treatment or care of my child by any doctor, hospital, emergency center, or emergency transport provider; and (4) failure to render or seek first aid or medical care for my child.

Each waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child's right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against SWMS for the activities or occurrences described herein. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless SWMS for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases.

I have read, understand and agree with the terms and conditions above.

Signature _____ Date _____

Medical or Health Insurance policy carrier: _____

Policy Number: _____

Child's Doctor: _____ Phone: _____

Doctor's Address: _____

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AUTHORIZATION TO ADMINISTER MEDICATION AND RELEASE AGREEMENT

I, _____ (name), am the parent or legal guardian of _____ (child's name). I authorize and direct Soaring Wings Montessori School, Inc. (SWMS shall hereinafter refer to Soaring Wings Montessori School, Inc., its agents, directors and employees) to administer medication to my child as described below.

SWMS will administer prescription medication only from the container from which it was dispensed by my registered pharmacist and only in accordance with the instructions printed on the container by my registered pharmacist. SWMS will not administer prescription medication to my child from a container that indicates that the prescription has expired, or that the prescription was not issued for my child. I hereby WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against SWMS for damages for death, personal injury or property damage my child or I may suffer as a result of SWMS's administration of prescription medication in accordance with its printed instructions.

SWMS will administer non-prescription medication according to my written instructions. I ACCEPT FULL RESPONSIBILITY FOR THE CONSEQUENCES OF ADMINISTRATION OF NON-PRESCRIPTION MEDICATION ACCORDING TO MY INSTRUCTIONS. SWMS shall have no duty or obligation to check the reasonableness or propriety of my instructions and I WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against SWMS for damages for death, personal injury or property damage I or my child may suffer as a result of SWMS's administration of non-prescription medication in accordance with my instructions.

Each waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, the right of any other parent or guardian of my child and my child's right to assert or maintain any claim or suit against SWMS for the activities or occurrences described. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless SWMS for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases.

I have read, understand and agree with the terms and conditions above.

Signature _____ Date _____

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FIELD TRIP AUTHORIZATION AND RELEASE AGREEMENT

I, _____ (name), am the parent or legal guardian of _____ (child's name). I authorize and direct Soaring Wings Montessori School, Inc. (SWMS shall hereinafter refer to Soaring Wings Montessori School, Inc., its agents, directors and employees) to transport my child on field trips. I also hereby grant permission for parent volunteers to transport my child on field trips and for my child to participate in field trips.

Students enrolled in SWMS routinely take field trips. During these field trips, students may be required to walk or be transported in SWMS or parent volunteer vehicles. SWMS strives to offer a safe and educational experience for your child. SWMS will not be liable for any incidents or accidents occurring during a field trip. SWMS will make all reasonable efforts to notify you of any incident or accident occurring during transportation or participation in a field trip.

I hereby WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against SWMS for damages for death, personal injury or property damage my child or I may suffer as a result of being transported by a parent volunteer or SWMS or participation in a field trip.

Each waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child's right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against SWMS for the activities or occurrences described. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless SWMS for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases.

I have read, understand and agree with the terms and conditions above.

Signature _____ Date _____

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SOARING WINGS PARENT/TEACHER/STUDENT ORGANIZATION MEMBERSHIP FORM

Soaring Wings Parent/Teacher/Student Organization (SWPTSO) sponsors social, civic and fundraising events that enhance our school community. Proceeds from fundraising activities go to our Teacher Enrichment and Children's Planet Funds, broadening the horizons of our teachers and students. The Children's Planet Fund consists of several organizations chosen by students for the work they do in promoting a healthy planet for children including Recycle Utah, Park City Library, Summit County Library, Summit County Friends of Animals, Plan International and Adopt-a-Native Elder. Students select these groups, help with fundraising, budget donations and get personally involved with each one. This experience enriches our curriculum and provides a tangible experience for students in making a difference in their world.

The outstanding parents, teachers and students who are the backbone of the SWPTSO bring their individual expertise, talent and enthusiasm to each project to make sure that each event is successful as well as lots of fun. We invite you to join us!

If you would like to participate in the Soaring Wings PTSO, please complete and return this membership form.

Participant information:

Child's Name _____ Neighborhood _____

Parent(s) to contact _____

Phone number _____ E-mail address _____

I would like to participate in the following activities:

___ Cider Social (Sep/Oct) ___ Fall Food Drive (Oct/Nov) ___ Teacher Appreciation (April/May)

___ Angel Trees (Nov/Dec) ___ Auction (May/June) ___ Children's Fair (May/Jun)

___ Refreshments for Parent/Teacher Conferences (Oct) ___ Yearbook (April/May)

___ Refreshments for Parent/Teacher conference (Mar) ___ Call me anytime

Grandparents: We'd love to include your folks in our school events. Please list them below if they would enjoy being included.

Names: _____ Names: _____

Email Address(es): _____ Email Address(es): _____
