



Soaring Wings International Montessori School

educating Park City children 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 at school or mail them to SWIMS, 2083 Equestrian Court, Park City, Utah 84060.

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

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

Thank You!



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APPLICATION FOR ENROLLMENT

Student's Full Name _____ Birth Date _____ Gender _____

Parent _____ Occupation _____

Parent _____ Occupation _____

Phones _____ Neighborhood _____

Parents: Married _____ Cohabiting _____ Divorced _____ Separated _____

Street Address _____

Email Addresses _____

Pmail 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) _____

Immunizations up to date _____

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 International Montessori School (SWIMS) for the _____ school year or remainder thereof. I would like my child to start SWIMS on _____.

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 of \$500 and request the following program(s). I understand and agree that the annual tuition shown next to the program selected is paid in addition to the Commitment Fee.

- _____ Parent/Infant Program (prenatal – 18 mos) 8:30A – 11:30A, F
Thursdays only, No Commitment Fee, Tuition TBD
- _____ Infant Program (ages 3 – 18 mos) 8:30A – 11:30A, M – Th, \$9,500
- _____ Infant Program (ages 3 – 18 mos) 8:30A – 11:30A, M – F, \$10,500
- _____ Infant Plus Program (ages 3 - 18 mos) 8:30A – 3:00P, M – Th, \$14,500
- _____ Infant Plus Program (ages 3 - 18 mos) 8:30A – 3:00P, M – F, \$15,500
- _____ Toddler Program (ages 18 mos - 3 yrs) 8:30A – 11:30A, M – Th, \$9,500
- _____ Toddler Program (ages 18 mos - 3 yrs) 8:30A – 11:30A, M – F, \$10,500
- _____ Toddler Plus Program (ages 18 mos - 3 yrs) 8:30A – 3:00P, M – Th, \$14,500
- _____ Toddler Plus Program (ages 18 mos - 3 yrs) 8:30A – 3:00P, M – F, 15,500
- _____ Early Childhood Program (ages 3 - 6 yrs) 8:45am – 11:45A, M – Th, \$7,500
- _____ Early Childhood Program (ages 3 - 6 yrs) 8:45am – 11:45A, M – F, \$8,500
- _____ Early Childhood Plus Program (ages 3 - 6 yrs) 8:45A – 2:45P, M – Th, \$9,500
- _____ Early Childhood Plus Program (ages 3 - 6 yrs) 8:45A – 2:45P, M – F, \$10,500
- _____ Lower Elementary Program (grades 1st - 3rd) 8:30A - 3:00P, M – F, \$13,500
- _____ Upper Elementary Program (grades 4th - 6th) 8:30A - 3:00P, M – F, \$15,500
- _____ Middle School Program (grades 7th - 9th) 8:30A - 4:00P, M – F, Tuition TBD
(opening August 2020)
- _____ Breakfast Club (7:45am dropoff), M – H \$1600, M – F \$2000



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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 SWIMS. I understand and agree that if tuition is not submitted with this Enrollment Agreement, a SMART Tuition account will be setup for me, which includes a 10% convenience fee. I understand and agree that if I pay annual tuition in full, that entire payment is non-refundable.

_____ **Option 2:** I will make monthly payments to SMART Tuition. I understand and agree that a 10% convenience fee will be added to tuition and that payments made to SMART Tuition are non-refundable.

If a SMART Tuition account is setup for me, I understand and agree that this requires that I pay SMART Tuition an annual, non-refundable administrative fee of \$50 per family, which will be added to the first tuition payment. I understand and agree that payments are due on the 30th of each month, May through April, which is the annual payment cycle, and that a \$100 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 payments made to SMART Tuition are non-refundable.

I understand and agree that if it is necessary for my child to withdraw before the end of the school year, I must notify the Administrator at least 30 days prior to the withdrawal date and that my SMART Tuition account must be paid up to date as of the withdrawal date. I understand and agree that if I do not follow the early withdrawal procedure described above, that I am obligated to pay the tuition balance in full.

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

I agree to pay to SWIMS any costs or expenses, including legal fees, relating to or arising out of the collection by SWIMS 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 International Montessori School)

Special considerations: _____



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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 International Montessori School (SWIMS shall hereinafter refer to Soaring Wings International Montessori School, its agents, directors and employees). In the event that my child should become or appear to become injured or ill, I hereby authorize SWIMS to render such first aid to my child as may appear reasonably necessary under the circumstances. SWIMS may take such actions as appear reasonable, necessary or in the best interests of my child and other children. SWIMS may transport my child to the family doctor named herein or to any other hospital or emergency center which SWIMS may, in its sole discretion, determine to be necessary or appropriate under the circumstances.

I further confer upon SWIMS 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, SWIMS 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 SWIMS 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 SWIMS 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 SWIMS for damages for death or personal injury my child may suffer as a result of (1) any efforts by SWIMS to render First Aid; (2) emergency transportation to or from any doctor, hospital or emergency center by SWIMS, (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 SWIMS 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 SWIMS 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 International Montessori School (SWIMS shall hereinafter refer to Soaring Wings International Montessori School, its agents, directors and employees) to administer medication to my child as described below.

SWIMS 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. SWIMS 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 SWIMS for damages for death, personal injury or property damage my child or I may suffer as a result of SWIMS's administration of prescription medication in accordance with its printed instructions.

SWIMS 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. SWIMS 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 SWIMS for damages for death, personal injury or property damage I or my child may suffer as a result of SWIMS'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 SWIMS 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 SWIMS 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 International Montessori School (SWIMS shall hereinafter refer to Soaring Wings International Montessori School, 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 SWIMS routinely take field trips. During these field trips, students may be required to walk or be transported in SWIMS or parent volunteer vehicles. SWIMS strives to offer a safe and educational experience for your child. SWIMS will not be liable for any incidents or accidents occurring during a field trip. SWIMS 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 SWIMS 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 SWIMS 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 SWIMS 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 SWIMS 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 (OPTIONAL)

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 _____

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 news and events.

Name: _____ Name: _____

Email: _____ Email: _____