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; no signature required.

We encourage and expect your family to participate in our community of positive, supportive and nurturing families in the interest of providing the best possible educational experience for your children. A Montessori education is perfect for every child if you can commit to completing each multi-year program. Please consider your ability to contribute to our peaceful community as we begin this journey together. Welcome.

> 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!
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) _____________________________

Are your child’s immunizations up-to-date? Please provide copies to confirm. ____________________

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 ____________________________

2083 Equestrian Court, Park City, Utah USA 84060  www.soaringwings.org  435.649.3626
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-transferable & non-refundable Commitm
ent 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
Fridays only, No Commitment Fee, $50/session

_____ 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 – 2:45P, M – Th, $14,500

_____ Infant Plus Program (ages 3 - 18 mos) 8:30A – 2:45P, 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 – 2:45P, M – Th, $14,500

_____ Toddler Plus Program (ages 18 mos - 3 yrs) 8:30A – 2:45P, M – F, $15,500

_____ Early Childhood Program (ages 3 - 6 yrs) 8:45am – 11:45A, M – Th, $9,000

_____ Early Childhood Program (ages 3 - 6 yrs) 8:45am – 11:45A, M – F, $10,000

_____ Early Childhood Plus Program (ages 3 - 6 yrs) 8:45A – 3:00P, M – Th, $12,000

_____ Early Childhood Plus Program (ages 3 - 6 yrs) 8:45A – 3:00P, M – F, $13,000

_____ Elementary Program (grades 1st - 4th) 8:30A - 3:00P, M – F, $15,500

_____ Middle School Program (grades 5th - 8th) 8:30A - 4:00P, M – F
(Opening TBD)

_____ Breakfast Club (7:45am dropoff), M – H $2000, M – F $2500
I hereby choose and agree to the following payment option for tuition due.

______ Option 1: I have included my full tuition payment in addition to the $500 Commitment Fee. I understand and agree that if the full tuition payment 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-transferable & 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-transferable & 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-transferable & 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-transferable & 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 is non-transferable & non-refundable.

In the event that a third party makes payments on behalf of my child, I hereby indemnify Soaring Wings from any obligation to issue refunds.

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: ____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
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: _______________________________________________________________________________
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-PRESRIPTION 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 __________________________
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 ______________________________
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: ____________________________