

Handbook Acknowledgment - **In House Students**



To be completed by school	
Start Date:	
Termination Date:	

Child's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_

**Significant Medical Information:**

Physician \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an emergency parents will be notified first. I give permission for emergency Medical  
 Transportation Yes \_\_\_\_\_ No \_\_\_\_\_ Initial of parent or guardian \_\_\_\_\_  
 Treatment Yes \_\_\_\_\_ No \_\_\_\_\_

Tuition is due on the 1st. of each month regardless of which day of the week the first falls. Late payments trigger a **\$50.00 late fee**.

We allow 5 minutes grace period to pick up your child and exit the building. There is **NO grace period** for those that leave at 5:30 pm. A fee of **\$3.00 per minute** will be charge after 5:30 pm.

It is required that **both** parents sign and date, return this page as verification of receipt of the Parent's Handbook.

*Thanks!*

I (we), \_\_\_\_\_ and \_\_\_\_\_, have a copy of the Bilingual Montessori School Parent Handbook. I (we) understand that the content may change or updated by BMS. The school will notify the parents in writing.

I (we) have been given an opportunity to ask questions about the content of the handbook.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_