Handbook Acknowledgment

To be completed by school

Start date Termination date_____ Child's name:_____ Middle First Last Date of birth_____ Significant medical information or special needs: Physician:_____ Address:_____ Phone:_____ Hospital:______Address:______Phone:_____ In case of emergency parents will be notified first. I give permission for emergency medical Transportation Yes_____ No_____ Treatment Yes No Initial of parent or guardian Tuition is due on the 25th of each month regardless of which day of the week it falls. Late payments trigger a \$50.00 late fee We allow a 5 minute grace period to pick up your child and exit the building. There is NO grace period for those that leave at 5:30. A fee of \$5.00 per minute will be charged after 5:30pm It is required that both parents sign, date and return this page as verification of receipt of the Parent's handbook no later than 7 days after enrollment. I (we), and , have read, understand, and agree to abide by the information given in the Bilingual Montessori School Parent Handbook. I (we) understand that the content may change or be updated by BMS. I (we) have received a copy of the Parent's Handbook with the discipline policy for Bilingual Montessori School. I (we) have been given an opportunity to ask questions about the content of the handbook. Parent's Signature:_____ Date:____ Parent's Signature:______ Date:_____