

2019-2020 Registration Form

Start Date: _____

Full Name of Child: _____ DOB/Due Date: _____ Age: _____

Mother/Guardian _____ Father/Guardian _____

Address: _____ City/State/Zip: _____

Home phone: _____

Mother work phone: _____ Cell phone: _____ Email: _____

Father work phone: _____ Cell phone: _____ Email: _____

Class Options:

Chickadees (0-18months) Dippers (18-36 months) Kookaburras (3-5yrs)

Traditional Schedule Options:

5 Days (M-F) 3 Days (M, W, F) 2 Days (T, Th)

Other Schedule Options: (please check the days you would like your child to attend)

Monday Tuesday Wednesday Thursday Friday

A non-refundable registration fee of \$50/child or \$75/family (for families enrolling more than one child) is payable at the time an application for enrollment is submitted to Quail Hollow. Openings in Quail Hollow classrooms will be filled based on waiting list status. If you choose not to take the spot offered to you at the time it is offered, you waive your place on the waiting list and move to the bottom.

For Office Use Only

Registration Fee amount enclosed _____ Check # _____

Accepted for Quail Hollow Child Care Center

By: _____ Date: _____

Enrollment Information

Full Name of 1st Child: _____ D.O.B: _____ Age: _____

Full Name of 2nd Child: _____ D.O.B: _____ Age: _____

Full Name of 3rd Child: _____ D.O.B: _____ Age: _____

Mother/Guardian: _____ Father/Guardian _____

Address: _____ City/State/Zip: _____

Home phone: _____

Mother's Work Phone _____ Cell Phone: _____ Email: _____

Father's Work Phone _____ Cell Phone: _____ Email: _____

Local Emergency Contact (other than Parents): _____ Phone: _____

Tuition (effective October 1 2019)

*5% discount for additional siblings

Chickadees

Ages 0-24 months; 1:4 Teacher/Student Ratio

Days Per Week	Monthly Tuition
Two Days	\$541
Three Days	\$786
Four Days	\$991
Five Days	\$1124
Daily Drop Off	\$67/day

Dippers

Ages 18-36 months; 1:6 Teacher/Student Ratio

Days Per Week	Monthly Tuition
Two Days	\$498
Three Days	\$724
Four Days	\$911
Five Days	\$1032
Daily Drop Off	\$63/day

Kookaburras

Ages 3-6 years; 1:9 Teacher/Student Ratio

Days Per Week	Monthly Tuition
Two Days	\$471
Three Days	\$685
Four Days	\$861
Five Days	\$970
Daily Drop Off	\$60/day

A child's regular enrollment may be supplemented with occasional additional days by utilizing drop-off care. Availability of drop-off care is ***based upon classroom availability on a first come, first serve basis***. To reserve a drop-off spot, families need to check with the Executive Director or lead teacher in each classroom prior to dropping their child off, to determine if there is availability at that time. Drop-off care is not available at all times.

The monthly tuition rate is based upon the yearly budgetary needs of the school, divided into twelve equal payments. Therefore, Quail Hollow does not prorate tuition due to closures, such as, holidays, breaks, teacher work days, inclement weather, etc.

Program Departure Policy

Written notice of intent to leave the program ***must be given thirty days in advance of the actual departure date***. If notice is not received, parents/guardian will be responsible for that month's tuition and the deposit is forfeited.

Tuition and Fees

Monthly tuition is due on the first of each month. Invoices will be emailed by the first of every month and tuition will be **due on receipt** and will be considered late after the 10th of the month. Unless prior arrangements have been made, if payment has not been received by the 10th of the month ("payment grace period"), the account will be considered overdue and additional fees will apply. Once payment has been made you may request a receipt. Quail Hollow will provide invoices, as well as fill out any paperwork for cafeteria plans.

Checks or money orders should be made payable to **Quail Hollow Cooperative Day School**. These payments can be placed in the drop box located in the preschool or toddler classroom entryway. We prefer not to accept cash payments as we do not have change in the office. Overpayment will be applied to the next month's tuition. If you need to pay in cash, please obtain a receipt.

Overdue Accounts

Payments made to accounts after the payment grace period are subject to a late fee of \$35.00.

Accounts that are 30 days or more overdue are subject to a 1.25% monthly finance charge on the total account balance.

Non-Payment

In the event it shall be necessary to place a family's agreement (or any other debt due to the school by a family) to a collection agency, the family shall bear all collection costs, including but not limited to collection fees up to 50% of any unpaid balance which is turned over to a third party collection company in addition to attorney fees and court costs.

Returned Payments

There is a ***returned check charge of \$30.00*** for any checks returned to us for non-sufficient funds.

Family Discount

The school offers a family discount for enrolling more than one child. The school offers a 5% discount off of the tuition of every subsequent child. For example, the first child enrolled would pay the normal tuition rate, the second child would receive a 5% discount off of the normal tuition rate, and the third child enrolled would receive a 5% discount off of the normal tuition rate, and so on.

Registration

A non-refundable registration fee of \$50/child or \$75/family (for families enrolling more than one child) is payable at the time an application for enrollment is submitted to Quail Hollow. Openings in Quail Hollow classrooms will be filled based on waiting list status. If you choose not to take the spot offered to you at the time it is offered, you waive your place on the waiting list and move to the bottom.

Deposit

A non-refundable deposit is required at the time an opening becomes available and the child's name is placed on the enrollment sheets reserving the opening. The deposit will be equal to 50% of the anticipated monthly tuition. Families who have difficulty with the initial deposit may request a payment plan. Deposit will be applied to the last month of care, provided 30 day notice is received.

Amount of Deposit	Deposit Details
Amount equal to 50% of the monthly tuition for each enrolled child.	Deposit applied to last month of care provided. <i>Should the child not attend, deposit is non-refundable.*</i>

**Under extenuating circumstances, partial refunds of deposits, up to 75% of the total deposit paid for each child, may be granted at the discretion of the director.*

Child Care Scholarships

The Early Childhood Services Bureau of the Montana Department of Public Health and Human Services offers child care scholarships to assist low income working families, enabling them to be able to afford high quality child care. We encourage interested families to apply for Best Beginnings Child Care Scholarships. For more information, please contact Child Care Connections at 317 East Mendenhall in Bozeman or call 587-7786.

- If you receive a Best Beginnings Child Care Scholarship, it is your responsibility to make monthly co-payments on a sliding fee scale determined by the state, as well as ensuring that your tuition is paid on the due date, unless prior arrangements have been made. You will also be responsible to pay for other charges or fees that are over and above those covered by the Best Beginnings Child Care Scholarship.
- If you receive a Best Beginnings Child Care Scholarship, it is also your responsibility to renew your contract on a timely basis or you may lose this scholarship. You will be responsible for all child care costs if your scholarship is not renewed. You must provide us with verification that you have received a scholarship.

Financial Arrangements

Fees and tuitions are set by the Quail Hollow Cooperative Day School Board of Directors in accordance with the provisions of the annual budget.

The school reserves the right to drop a member for reasons of non-cooperation, delinquency in payment of fees or inability of child or parent/caregiver to adjust to the school program, as determined by the board.

The Executive Director, at their sole discretion, may assist families experiencing a financial hardship, by making special payment arrangements for up to 90 days.

Schedule

Hours of operation for Quail Hollow are from 7:30 a.m. to 6:00 p.m. Quail Hollow only offers full day enrollment.

Quail Hollow will be open each day Monday through Friday through the year with the exception of the following holidays:

- New Year's Day
- Presidents' Day
- Memorial Day
- July 4th
- Labor Day
- Thanksgiving (2 days)
- Christmas Day
- The week between Christmas and New Year's Day
- Teacher work days (5 days per year)

Late Pick-Up Fees

Parents need to time their arrival at the end of the day to allow ample time for gathering belongings and departing the building, so as not to detain teachers beyond closing time. The building closes at 6:00PM, teachers are not scheduled after this time. Please be respectful of their time.

A late charge of \$10.00 will be charged for the first 10 minutes that you are late and with an additional \$1.00 per minute up to 30 minutes. For each minute after the first 30 minutes, \$2.00 per minute will be charged. Families with more than 3 late pick-ups in one month may be charged an additional \$50.00 fee/per late-pickup for the remainder of the month.

We understand that there may be times that you are unavoidably detained beyond the 6:00 closing time. Please call as soon as possible to notify the staff of your expected arrival. (Please be aware that late fees will apply under all circumstances after 6:00.) If we are not expecting you to be late, and a child has not been picked up by 6:00, we will attempt to contact you or other emergency contacts listed on the enrollment form.

Agreement

Modification of Agreement: To be enforceable, any modification of this Agreement shall be memorialized in writing and signed by one of the parents or legal guardian and an agent of the Center.

Governing Law: This Agreement shall be interpreted under the laws of the State of Montana.

As the parent (s) or guardian(s) of the above named child (the "Child"), I/we hereby enroll the Child in Quail Hollow Cooperative day School, located at 80504 Gallatin Road, Bozeman, MT 59718 (the "School") beginning _____, 201_ and agree to abide by the terms and conditions stated in this agreement ("the Agreement").

I/we understand that in the case of unforeseen circumstances, **a thirty-day written notice is required** for early withdrawal, or tuition will still be due.

Non-Payment: In the event it shall be necessary to place this Agreement or any other debt due the School by the undersigned with a collection agency, I/we agree to bear all collection costs, including but not limited to collection fees up to 50% of any unpaid balance which is turned over to a third party collection company in addition to attorney fees and court costs.

I/we promise that I/we have read the above terms and fully understand and agree to abide by all the conditions and terms of this Agreement.

NOTE: This Agreement must be signed personally by both parents or the legal guardian of the Child.

Father/Guardian

Mother/Guardian

Date

Date

Address

Address

City, State, Zip

City, State, Zip

For Office Use Only

Tuition amount enclosed _____ Check # _____

Deposit amount enclosed _____ Check # _____

Accepted for Quail Hollow Child Care Center

By: _____ Date: _____

Permission & Waiver 2019-2020

Full Name of Child/Children: _____

Parental Release

We cannot release a child to any person other than those listed below unless we have a written note from you. Please use the forms provided at the sign-in desk if you need to add a person to your authorized list. In the event of a last minute situation, you may call the School. The person picking up your child **MUST** have a photo ID.

The following individuals are authorized to pick up my child/children

- | | |
|------------------|--------------------|
| 1. _____
Name | _____ Relationship |
| 2. _____
Name | _____ Relationship |
| 3. _____
Name | _____ Relationship |

Allergies & Other Medical Conditions

Please list any allergies or other medical conditions we should be aware of:

Acknowledgement of Risk

I, the undersigned parent/legal guardian acknowledge that my child's participation in the activities offered at Quail Hollow Cooperative Day School means that the child will be experiencing activities including running, jumping and playing with other children in a variety of activities and using various playground equipment. I understand and acknowledge that these activities, by their nature, expose children to a variety of hazards that could cause injury. _____
Initials

Accident Waiver/Medical Release

I/we are aware that there are inherent risks in the activities offered at the School. Knowing this, I/we still give permission for the Child to engage in all school sponsored activities including but not limited to: playground activities, gardening, and walks.

I am aware of the risks and I hereby release, discharge and hold harmless the School, its teachers, staff, volunteers, directors, officers, agents, employees and other representatives from any claims or liability arising out of or relating to any injury (of any kind) resulting to the Child from such inherent risks while participating in school sponsored activities.

I verify that the Child has no past or current physical condition that might affect his or her participation in school activities, other than as described on the Medical Form. In the event the Child is in need of emergency medical treatment, and I cannot be contacted, I hereby authorize the School and its teachers, staff, and volunteers to obtain or provide emergency hospitalization, surgical, or other medical care for the School. I specifically indemnify and hold

harmless the School, its teachers, volunteers, staff, directors, officers, agents and employees from any and all costs arising out of the decision to obtain and provide such care, treatment and/or procedure for such emergency.

I/we further agree to assume complete financial responsibility for any and all medical expenses incurred on behalf of the Child under the conditions described above. _____ Initials

Photo Release

I, the undersigned parent/legal guardian give my permission to Quail Hollow Child Care School to use photographs, videotapes, and/or movies taken of my child for promotional or school use only. I waive any right to approve the finished product. _____ Initials

Modification of Agreement: To be enforceable, any modification of this Agreement shall be memorialized in writing and signed by one of the parents or legal guardian and an agent of the School.

Governing Law: This Agreement shall be interpreted under the laws of the State of Montana.

I/we promise that I/we have read the above terms and fully understand and agree to abide by all the conditions and terms of this Agreement.

NOTE: This Agreement must be signed personally by both parents or the legal guardian of the Child.

Father/Guardian

Mother/Guardian

Date

Date

Address

Address

City, State, Zip

City, State, Zip