

# Quail Hollow Enrollment Form

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Name of Child #1: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child #2: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child #3: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Local Emergency Contact (other than Parents/ Guardians)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Monthly Tuition (effective April 1, 2025)

Days per Week	Chickadees (Infants) 4:1 Student:Teacher Ratio	Dippers (Toddlers) 6:1 Student:Teacher Ratio	Kookaburras (Pre-school) 10:1 Student:Teacher Ratio
Two	\$755	\$700	\$660
Three	\$1,105	\$1,015	\$960
Four	\$1,390	\$1,280	\$1,210
Five	\$1,575	\$1,445	\$1,360
Drop-in	\$95/day	\$89/day	\$85/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 always available.

The monthly tuition rate is based upon the yearly budgetary needs of the school, divided into twelve equal payments. Therefore, Quail Hollow does not pro-rate tuition due to closures, such as, holidays, breaks, teacher workdays, 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 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 the normal tuition rate, and the third child enrolled would receive a 5% discount off 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 monthly tuition for each enrolled child. 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.

Should the child not attend, the deposit is non-refundable. Under extenuating circumstances, partial refunds of deposits, up to 75%, 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 childcare scholarships to assist low income working families, enabling them to be able to afford high quality childcare. We encourage interested families to apply for Best Beginnings Child Care Scholarships.

- If you receive a Best Beginnings Child Care Scholarship, it is your responsibility to make monthly copayments 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, or you may lose this scholarship. You will be responsible for all childcare 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 5:30 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: New Years Day, Presidents Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving Break, Holiday Break, Teacher Workdays (Spring and Fall). See School Calendar for more information.

**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 5:30PM, 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 5:30 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 5:30.) If we are not expecting you to be late, and a child has not been picked up by 5:30, we will attempt to contact you or other emergency contacts listed on the enrollment form.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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 \_\_\_\_\_, 202\_ 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

<i>For Office Use Only</i>	
Tuition amount enclosed _____	Check # _____
Deposit amount enclosed _____	Check # _____
Accepted for Quail Hollow Child Care Center	
By: _____	Date: _____
Agreed upon weekly days of attendance: _____	Agreed upon tuition: _____
Director signature confirming acceptance: _____	
Date of acceptance: _____	

# Permission & Waiver

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. _____<br>Name | _____ Relationship |
| 2. _____<br>Name | _____ Relationship |
| 3. _____<br>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

Director signature confirming acceptance: \_\_\_\_\_

Date of acceptance: \_\_\_\_\_