

WEM Early Childhood Student Information 2011-2012

WEM Student Information:

Last Name:	Date of Birth:	
First Name:	Gender (Circle One):	M F

WEM Class Selection (Please check one):

<input type="checkbox"/>	WEM Early Childhood - Full Day (M-F)		
<input type="checkbox"/>	WEM Early Childhood - Extended Day (M-F)		
<input type="checkbox"/>	WEM Early Childhood - AM Half Day (M-F)	<input type="checkbox"/>	Before School Childcare (check if needed regularly)
<input type="checkbox"/>	WEM Early Childhood - PM Half Day (M-F)	<input type="checkbox"/>	After School Childcare (check if needed regularly)

Parent/Guardian Information:

Name:	Father	Mother	Other: _____
Home Address:			
City:	State:	Zip Code:	
Home Number:	Cell Number:		
Employer:	Work Number:		
E-Mail Address for WEM Communication:			

Parent/Guardian Information:

Name:	Father	Mother	Other: _____
Home Address:			
City:	State:	Zip Code:	
Home Number:	Cell Number:		
Employer:	Work Number:		
E-Mail Address for WEM Communication:			

Sibling Information:

Name:	Age:
Name:	Age:
Name:	Age:

WEM Early Childhood Student Information 2011-2012

Previous School Information:

Name:	Dates:
Name:	Dates:
Name:	Dates:

Authorized Persons: Individuals authorized to pick-up your child from school. Please provide one Local, one Out-of-Area and one Emergency contact for our records.

Name:	Relationship:	
Address:	Type (Circle 1):	Local Out-of-Area Emergency
Phone Number:	Cell Number:	
Name:	Relationship:	
Address:	Type (Circle 1):	Local Out-of-Area Emergency
Phone Number:	Cell Number:	
Name:	Relationship:	
Address:	Type (Circle 1):	Local Out-of-Area Emergency
Phone Number:	Cell Number:	

Special Information: Please describe any special medical or behavioral needs, strong likes or dislikes that you would like us to be aware of:

Additional Information (New Students Only):

What is your main reason for choosing WEM?

What are your expectations of your child's experience at WEM?

WEM Student Health Form 2011-2012

Student Information:

Last Name:		Date of Birth:	/ /
First Name:		Time of Birth:	
Place of Birth:		Gender (Please Circle One)	Female Male

Primary Doctor's Information:

Name		Telephone	
Hospital		Last Exam Date	

Does/Has the student have/had any of the following? (Please check all that applies):

<input type="checkbox"/>	Frequent Colds	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	Frequent Sore Throat	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Whooping Cough
<input type="checkbox"/>	Frequent Ear Infections	<input type="checkbox"/>	Urinary Diseases	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Problems with Skin Rash	<input type="checkbox"/>	Stomach Upsets	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Impetigo
<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Problems with Diarrhea	<input type="checkbox"/>	German Measles	<input type="checkbox"/>	Allergies: Please list
<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	Problems with Constipation	<input type="checkbox"/>	Poliomyelitis		
<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Problems with Soiling	<input type="checkbox"/>	Tuberculosis		

Has the student had illnesses other than the above? If so, please include a note.

Has the student ever been hospitalized? If so, please include a note.

CONSENT TO MEDICAL CARE & TREATMENT OF MINOR CHILDREN:

I, _____, the natural parent or legal guardian hereby give permission that my child, _____ may be given emergency treatment to include first aid and CPR by a qualified staff member of The Whole Earth Montessori School both on and off campus. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

PARENT/GUARDIAN SIGNATURE:

DATE:

WEM PK Tuition and Fee Schedule 2011-2012

REGISTRATION FEE:	\$300.00
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PRESCHOOL/KINDERGARTEN PROGRAM TUITION:

	Annual Tuition	10 mo. Payment Term	12 mo. Payment Term
Full-Day:	\$8,350.00	\$835.00	\$695.80
Extended Day:	\$11,350.00	\$1,135.00	\$945.80
AM Half Day:	\$5,350.00	\$535.00	Not Available
PM Half Day:	\$4,350.00	\$435.00	Not Available

THE GIVING TREE PROGRAM: The annual Giving Tree Program can either be *paid in full at time of enrollment or prorated* corresponding with your chosen tuition payment term. Participation is mandatory with a minimum tax-deductible contribution amount equivalent to 5% of the annual tuition.*

Annual Giving Tree Program	Total Amount	10 mo. Prorated Amount	12 mo. Prorated Amount
PK - Full & Extended Day	\$417.50	\$41.75	\$34.80
PK - AM Half Day	\$267.50	\$26.75	-
PK - PM Half Day	\$217.50	\$21.75	-

PAYMENT SCHEDULE:

	10 mo. Payment Schedule	*12 mo. Payment Schedule
First Tuition Payment Date:	August 1st, 2011	July 1st, 2011
Last Tuition Payment Date:	May 1st, 2011	June 1st, 2011

* The 12 mo. payment term covers tuition for the regular 180-day school year (excludes WEM Summer Tuition)

BEFORE AND AFTER SCHOOL CARE:

	Billed Monthly to your WEM Statement
Hourly Charge	\$7.00/HR (Billed in 30-minute increments)

Before & After Care charges will be added to your following month's tuition and billing statement. Charges accrued in June 2012 will be billed separately and are due by July 1st, 2012. The Extended Day program offers **up to 5 hours** of daily Before & After Care to full day students for a flat rate of \$3,000.00 annually.

CHANGES FOR THE 2011-2012 SCHOOL YEAR:

In addition to ACH auto withdrawal or check, tuition may now be paid by credit or debit card .
A 10% discount will apply at the PK level to additional children in a single household. A 15% annual tuition discount will apply to multiple children in a single household enrolled simultaneously at the elementary level.

WEM Payment Authorization 2011-2012

Parent Name(s):			
Student Name(s):			
Select Payment Term*	10-month	12-month	Full Payment
Select Payment Method	ACH Auto Draft	Check	Credit/Debit Card

*10 mo. payment term begins **8/1/2011** with final payment on **5/1/2012**

*12 mo. payment term begins **7/1/2011** with final payment on **6/1/2012**

PAYMENT BY ACH AUTOMATIC CHECKING WITHDRAWAL (Please include a copy of voided check):

ACH Automatic Withdrawal Depository Bank Name:		
City:	State:	Zip code:
Routing/Transit Number:		
Bank Account Number:		

PAYMENT BY CREDIT OR DEBIT CARD:

Name on Credit Card:			
Credit Card Type (Check One):	Visa	Mastercard	AMEX
Credit Card Number:			
Expiration Date:	Code on Back of Card:		
Billing Address:	Billing Zip Code:		

I,(we) hereby authorize and direct **WHOLE EARTH MONTESSORI SCHOOL (WEM)** to initiate a transfer of funds between my (our) account indicated above in the following amounts:

\$	Monthly Tuition Amount
\$	Pro-Rated Giving Tree Amount (If not paid in full at time of Enrollment)
\$	Total Monthly Amount

I (We) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. Law. This authorization is to remain in full force and effect until **WHOLE EARTH MONTESSORI SCHOOL (WEM)** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Whole Earth Montessori School a reasonable opportunity to act on it.

PARENT/GUARDIAN SIGNATURE:

DATE:

WEM Enrollment Contract 2011-2012

Name of Child:	Date of Birth:
Name of Parent(s):	

Select Your Monthly, Payable Tuition Rate (check one):			Total Giving Tree:	Pro-Rated Amount:
	\$435.00	PK PM (10 mo. Aug 1st - May 1st)	\$217.50	\$21.75
	\$535.00	PK AM (10 mo. Aug 1st - May 1st)	\$267.50	\$26.75
	\$835.00	PK Full Day (10 mo. Aug 1st - May 1st)	\$417.50	\$41.75
	\$695.80	PK Full Day (12 mo. July 1st - June 1st)	\$417.50	\$34.80
	\$1,135.00	PK Extended (10 mo. Aug 1st - May 1st)	\$417.50	\$41.75
	\$945.80	PK Extended (12 mo. July 1st - June 1st)	\$417.50	\$34.80
	\$915.00	Elementary (10 mo. Aug 1st - May 1st)	\$457.50	\$45.75
	\$1,215.00	EI. Extended (10 mo. Aug 1st - May 1st)	\$457.50	\$45.75
	\$745.80	Elementary (12 mo. July 1st - June 1st)	\$457.50	\$38.12
	\$958.34	EI. Extended (12 mo. July 1st - June 1st)	\$457.50	\$38.12

Select Your Giving Tree Payment Plan (check one):		
	I will pay the FULL Giving Tree Amount Up-Front	Total Due:
	I will PRO-RATE the Giving Tree Amount with my Tuition	Monthly Amount:

Select your WEM Auction Choice (check one):	
	I will purchase my auction tickets now (\$100 total for TWO tickets)
	Please add two auction tickets (\$100 total for TWO tickets) to my January 2012 Billing Statement
	In lieu of auction participation I will donate \$250.00 to WEM fundraising at time of Enrollment

Total Amounts:	
\$	Total Amount Due at Time of Enrollment (Including \$300 Registration Fee)
\$	My Total WEM Monthly Payment (Please write in your total)

PARENT/GUARDIAN SIGNATURE:

DATE:

WEM Enrollment Contract 2011-2012

I understand and agree to the following WEM financial terms:

1. The Registration fees along with the completed enrollment forms must be received by **March 1st of 2011** in order to secure enrollment with WEM. All fees are non-refundable.
2. I agree to provide written notification to Whole Earth Montessori of any changes to the financial payment information contained within the enrollment forms.
3. Tuition is due on the 1st day of each month. Tuition payments must be made by way of credit or debit card, check or by automatic withdrawal (ACH) from your checking or savings account. Payment received after the 5th day of the month will accrue a late charge of \$25.00 per day. NSF/Returned checks will accrue a charge of \$50.00.
4. In the event of a voluntary early withdrawal, monthly tuition is payable, in full, for 30 days after receipt of written notice.
5. WEM charges an annual tuition that covers classes from September 2011 through June 2012. The tuition is divided into equal monthly increments according to your chosen payment options (10 or 12-month payment plan). A 12-Month tuition plan covers only the academic school year (September to June) and does not include tuition for WEM Summer Programs. Tuition is payable regardless of student absence, student illness, vacations or extended leave.
6. Before & After School Care charges will be billed separately from the tuition at the end of each month unless enrolled in the WEM Extended Day Program.
7. Participation in the annual school fundraising auction is mandatory. You must purchase **TWO** auction tickets (\$50/each) and participate in auction fundraising efforts. Tickets may be purchased at the time of enrollment or will be automatically added to your January statement. In lieu of auction participation you may choose to donate \$250.00 to WEM fundraising.
8. Participation in the WEM Giving Program is required. Each family will contribute a donation equivalent to 5% of the Annual Tuition. This donation is tax deductible. You must select a payment option on the WEM Financial Contract page. If you do not indicate an option, your Giving Tree amount will automatically be pro-rated with your tuition. Additionally, as a non-profit corporation, WEM is eligible to accept corporate matching funds.

Your Child's Personal Privacy Agreement:

The following information may be published in the WEM School Directory (check all that apply):			
Family Name	E-Mail	Address	Telephone

Please Circle the Corresponding Response Below:		
YES	NO	My child's photo may appear on the WEM Website
YES	NO	My child's photo may appear in the WEM Newsletter

PARENT/GUARDIAN SIGNATURE:

DATE:

WEM Enrollment Contract 2011-2012

By initialing below, I acknowledge that I have read the WEM parent handbook, and I am fully aware of the responsibilities and policies contained therein:

(Initials) **Schedule & Calendar**
(School Calendar, Daily Schedules, Before & After Care, Extended Day Program)

(Initials) **Arrival & Departure Procedures**
(Arrival Times, Departure Times, Scheduled Tardiness & Early Dismissal)

(Initials) **Student Health & Safety**
(Illness Policy, Authorization to Act In Case of Emergency, Crisis & Disaster Plan)

(Initials) **Parental Responsibilities**
(Observations & Conferences, Noon Nutrition Program, Snack Guideline)

(Initials) **WEM Financial Policies**
(Required Auction Participation, Tuition, WEM Giving Tree Program)

By signing below, I acknowledge that I have read the WEM parent handbook and related forms, and I accept the policies and procedures therein.

PARENT/GUARDIAN SIGNATURE:

DATE: