



Great Work
Montessori School

2018-2019 Student File Checklist: Elementary

Student Name: _____ Jeffco ID: _____

- Jeffco Connect Registration if haven't already done so or update information if already have an account
 - Parent/Guardian Identification
 - Birth Certificate Copy if not already on file at GWMS
 - Proof of Address (Utility Bill) if new registration or if changing address

- Elementary Registration Packet
 - Fee Schedule
 - Extended Care Contract (if haven't already turned this in)
 - Walking Permission Slip
 - Sunscreen Authorization
 - Medical Emergency and Treatment Form
 - Student Health Policy Agreement

- Immunization Records (from your pediatrician) of Exemption Form

- Family Economic Data Survey Form (Required for all families that are requesting reduced or waived fees or tuition)

- Community Handbook - please read through the handbook on our website under Parents > Documents to familiarize with our policies and procedures, sign, and return the last page

Required for students using Extended Care

- Extended Care Registration Packet
 - Student Emergency Card
 - General Health Appraisal Report
- Create an ATS System pin - You should receive an email with subject "Please set your CDHS Child Care Attendance System PIN" from **CDHS Attendance Tracking**.

Required as needed by individual student

- Colorado School Asthma Plan
- Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders
- Medication Administration Plan (for any medications to be kept on site all year)
- Cream/Ointment/Balm Permission Form (for any of these items to be kept on site and administered during the school year)

Please have the following documents transferred to us if your student has them

- IFSP or IEP for students with identified special needs
- Student Health Plan/504 Plan
- Significant observations of the child's development
- A record of parent conferences, previous school records, etc.



Great Work Montessori School 2018-2019 Fee Schedule

Student Name: _____

Instead of purchasing school supplies, fees are collected at the time of registration. These fees allow for the purchase of all consumables the children will need as well as allow each of our classrooms to provide for the optimum learning environment.

GWMS School Fees

- \$100 Consumable Supplies
- \$200 Classroom Materials Donation

Fees can be reduced or waived for families who qualify for free and reduced.

These fees can be paid by the following methods:

Please select your method of payment, and then make your payment on Jeffco Connect.

- Annually
 - \$300 due at time of registration
- Semi-Annually
 - \$150 due on or before August 16, 2018
 - \$150 due on or before January 7, 2019
- Monthly
 - \$30 due on or before August 16th, 2018
 - \$30 due at the first of each month as of September

Parent/Guardian Name

Parent/Guardian Signature

Date



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Extended Care Standard Rates and Contract 2018/2019

Circle the box of the programs you will use regularly. You can choose one, two, or three programs.

Before Care	After Care	After Care Plus	All Extended Care
7-8am	3-4pm	3-5:30pm	7-8am & 3-5:30pm
Drop-in \$10/day	Drop-in \$10/day	Drop-in \$15/day	Drop-in \$25/day
\$20/month	\$20/month	\$20/month	\$20/month
1 day/week (32 days)	1 day/week (32 days)	1 day/week (32 days)	1 day/week (32 days)
\$40/month	\$40/month	\$100/month	\$140/month
2 days/week (64 days)	2 days/week (64 days)	2 days/week (64 days)	2 days/week (64 days)
\$60/month	\$60/month	\$150/month	\$210/month
3 days/week (96 days)	3 days/week (96 days)	3 days/week (96 days)	3 days/week (96 days)
\$80/month	\$80/month	\$200/month	\$280/month
4 days/week (128 days)	4 days/week (128 days)	4 days/week (128 days)	4 days/week (128 days)
\$100/month	\$100/month	\$250/month	\$350/month
5 days/week (160 days)	5 days/week (160 days)	5 days/week (160 days)	5 days/week (160 days)

Child: _____ Monthly Rate: \$ _____

Please enter \$0 as your monthly rate if you do not plan to regularly use extended care.

Before/After Care Policy:

Drop in care is available. Please call the main office to notify us that your child(ren) will be needing care, when possible. All children must be picked up by 5:30pm. Late fees are applied at \$1.00 per minute per child not picked up by 5:30 pm. Late fees are expected to be paid upon pick-up. Late fees are \$1.00/minute up to max rate of \$20.00 per day. Monthly fees are due on the 1st of every month and are late if received after the 5th of the month, when a \$20 late fee will be assessed. If you are late on your payments, your child(ren) will not be allowed to participate in the program until your balance is paid in full. Receipts are provided upon request. As legal custodial parent(s)/guardian(s), we(I) have read and understand the above policies and by signing below agree to all the terms and conditions herein.

Print Parent/Guardian

Parent/Guardian Signature

Date



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Extended Care FRL Rates and Contract 2018/2019

Circle the box of the programs you will use regularly. You can choose one, two, or three programs.

Before Care	After Care	After Care Plus	All Extended Care
7-8am	3-4pm	3-5:30pm	7-8am & 3-5:30pm
Drop-in \$10/day	Drop-in \$10/day	Drop-in \$15/day	Drop-in \$25/day
\$10/month	\$10/month	\$30/month	\$40/month
1 day/week (32 days)	1 day/week (32 days)	1 day/week (32 days)	1 day/week (32 days)
\$20/month	\$20/month	\$55/month	\$75/month
<u>2 days/week (64 days)</u>	<u>2 days/week (64 days)</u>	<u>2 days/week (64 days)</u>	<u>2 days/week (64 days)</u>
\$30/month	\$30/month	\$75/month	\$105/month
<u>3 days/week (96 days)</u>	<u>3 days/week (96 days)</u>	<u>3 days/week (96 days)</u>	<u>3 days/week (96 days)</u>
\$40/month	\$40/month	\$100/month	\$149/month
<u>4 days/week (128 days)</u>	<u>4 days/week (128 days)</u>	<u>4 days/week (128 days)</u>	<u>4 days/week (128 days)</u>
\$50/month	\$50/month	\$125/month	\$175/month
<u>5 days/week (160 days)</u>	<u>5 days/week (160 days)</u>	<u>5 days/week (160 days)</u>	<u>5 days/week (160 days)</u>

Child: _____ Monthly Rate: \$ _____

Please enter \$0 as your monthly rate if you do not plan to regularly use extended care.

Before/After Care Policy:

Drop in care is available. Please call the main office to notify us that your child(ren) will be needing care, when possible. All children must be picked up by 5:30pm. Late fees are applied at \$1.00 per minute per child not picked up by 5:30 pm. Late fees are expected to be paid upon pick-up. Late fees are \$1.00/minute up to max rate of \$20.00 per day. Monthly fees are due on the 1st of every month and are late if received after the 5th of the month, when a \$20 late fee will be assessed. If you are late on your payments, your child(ren) will not be allowed to participate in the program until your balance is paid in full. Receipts are provided upon request. As legal custodial parent(s)/guardian(s), we(I) have read and understand the above policies and by signing below agree to all the terms and conditions herein.

Print Parent/Guardian

Parent/Guardian Signature

Date



Safety Procedures and Guidelines for Walks

All classrooms are required to include community walks as a part of their weekly curriculum unless weather permits a walk from happening. Teachers must obtain copies of each child's Walking Permission Slip from his/her student file in the front office. No child shall participate in community walks without a signed permission slip.

Ratios:

- o A minimum of two staff members will be present on all walks.
- o Staff will maintain the following ratios on walks:
 - o Nido - 1:4
 - o YCC – 1:5
 - o Primary – 1:10
 - o Elementary - 1:15

Child Safety:

- o All Nido, YCC, and Primary children must be holding a teacher's hand, each others' hands or a rope with loops on it.
- o Staff will stop at every intersection to inspect for vehicles prior to crossing the street.
- o Staff will act quickly in any situation to ensure the safety of all of the children.
- o Staff will notify the administrative office when they are leaving and provide the following information:
 - o What time they left
 - o What time they expect to return
 - o Names of all children and staff participating in the walk

Equipment:

- o First Aid Kit
- o Emergency Medicines
- o Cell phone from front desk
- o Water
- o Classroom Emergency Folder

Community walks are an excellent opportunity for the children to get fresh air, learn about their community, develop knowledge of pedestrian safety, and enhance their vocabulary. We encourage all parents to allow their children to participate in the community walks.



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2018-2019 WALKING PERMISSION SLIP

Child's Name: _____ Classroom: _____

The classrooms at Great Work Montessori School regularly take walks in the neighborhood as a method of curriculum enrichment for the children. Walks allow the children to learn about safety, offer numerous opportunities for language enrichment, and the children can practice grace and courtesy. All classrooms are required to adhere to the Great Work Montessori School Safety Procedures and Guidelines for Walks included in this enrollment packet.

CHECK ONE:

- I hereby give my child permission to participate in Great Work Montessori School Community Walks as a part of his/her regular weekly curriculum.

- I decline to give my child permission to participate in Great Work Montessori School Community Walks.

Parent/Guardian Name

Parent/Guardian Signature

Date



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2018-2019 Sunscreen Authorization

Child's Name: _____ Classroom: _____

By checking the appropriate box below, I give my permission for GWMS staff to apply Rocky Mountain Sunscreen SPF 50 Broad Spectrum for Kids to my child, as he/she will be playing outside on a year-round basis between the hours of 7:00 am and 5:30 pm. I further understand that sunscreen may be applied to exposed skin, including, but not limited to, the face, tops of ears, nose, bare shoulders, arms, and legs.

ROCKY MOUNTAIN SUNSCREEN SPF 50 BROAD SPECTRUM

Ingredients: Avobenzone, homosalate, octisalate, octocrylene, aluminum starch octenylsuccinate, carbomer, dimethicone, disodium EDTA, ethylhexylglycerin, phenoxyethanol, polyglycerol-3 distearate, sorbitan isostearate, sorbitol, stearic acid, tocopherol, triethanolamine, VP/eicosene copolymer, water

I have read through all of the product ingredients above and to my knowledge and my physician's knowledge, my child is not allergic to any of the above ingredients.

My child does not have any known allergies to ROCKY MOUNTAIN SUNSCREEN SPF 50 BROAD SPECTRUM FOR KIDS.

GWM Staff may apply ROCKY MOUNTAIN SUNSCREEN SPF 50 BROAD SPECTRUM FOR KIDS to my child.

Please do not apply ROCKY MOUNTAIN SUNSCREEN SPF 50 BROAD SPECTRUM FOR KIDS to my child. I understand that it is my responsibility to provide alternate sunscreen for my child that is labeled with child's name.

Parent/Guardian Name

Parent/Guardian Signature

Date



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Montessori School

Medical and Emergency Treatment Information Form
2018-2019

Each item below must be answered

Child Name: _____ Date of Birth: _____

Preferred Hospital for Emergency Treatment: _____

Health Insurance Company: _____ Policy Number: _____

Primary Care Physician Name: _____ Phone Number: _____

Physician Office Name: _____ Address: _____

Dentist Name: _____ Phone Number: _____

Dentist Office Name: _____ Address: _____

Food Allergies: _____

Other Allergies: _____

Dietary Restrictions: _____

Date of Last Tetanus Shot: _____ Date of Last Check-up: _____

VERBAL AUTHORIZATION FOR STUDENT RELEASE

In the event of an emergency in which no previously authorized persons are able to pick up your child, you will be asked to give a verbal authorization. We must have a code word for verbal identification purposes. This code is solely for the parents/guardians listed on this document. **Please do not share this word with anyone.**

Code Word: _____ Hint: _____

CONSENT TO MEDICAL CARE

I/We give permission to the Great Work Montessori School, licensed by the Colorado Department of Human Services Division of Child Care and Jefferson County School District, to perform and/or secure emergency medical treatment for the above named minor child/children while in care at the school.

Parent/Guardian Name

Signature

Date



Student Health Policy Agreement 2018-2019

Child's Name: _____ Birth Date: _____

General Policy:

Agreement to abide by the terms of GWMS' Health Policy is a condition of enrollment at GWMS.

If a child exhibits any of the symptoms listed below, he/she will not be admitted to GWMS upon arrival, nor will he/she be allowed to remain at the school should the symptoms become evident during the school day. When a parent is called to pick up a sick child, he/she or another authorized adult will need to be at GWMS within 45 minutes of contact.

The child must be completely symptom free for at least 24 hours, or have a signed note on letterhead from a physician, other than the child's parent, stating the cause of the symptoms and that he/she is not contagious and is well enough to participate in regular activity before he/she will be allowed to return.

Students sent home from school with symptoms of illness outlined in this Health Policy Agreement after 9:00 am will not be admitted to school the following day unless accompanied by a note from a physician that declares them to be not contagious and able to participate in regular school activity.

Fever: Any temperature of 100 or higher is an indication of contagious illness. Should a child be recorded with such a fever, he/she will not be admitted until symptom free for 24 hours, without the use of medication. A child may also be sent home with a low-grade temperature accompanied by other symptoms including but not limited to diarrhea, rash, and lethargy.

Diarrhea: If a child has two or more loose stools (unformed or watery) in a day, he/she must stay home until 24 hours after the diarrhea stops. A child with diarrhea may be admitted to class only with a written statement from the doctor stating the cause of the diarrhea and that it is not contagious. Children who regularly have soft stools when cutting new teeth may be admitted on a special condition that no other symptoms are present. Children with soft stools caused by antibiotic medication with a note from a doctor stating the cause will be admitted.

Rashes: In the event that a child has a rash, it will be up to the discretion of the classroom staff as to whether or not the child can be admitted to school or remain at school. A mild rash will be closely monitored. Rashes that appear suddenly, spread quickly on a child's skin, open up and puss or bleed, or are accompanied by a fever or other symptoms will require a doctor's note before the child can be admitted into the school. *This note will need to dictate the cause of the rash, the treatment, and clarify that the child is not contagious and can be allowed at the school.*

Vomiting: Any child who vomits during the course of the school day or who vomited at home in the 24 hours prior to the school day will be sent home immediately.

Significant Behavior Changes: Children who are not feeling well enough to participate in the activities of the day, are eating poorly, lacking their normal energy, and/or are wanting to sleep more need individualized attention. If the staff is not able to provide this without compromising the health and safety of the other children, the child will need to go home.

Serious Illness: When a student enrolled at GWMS is diagnosed with a serious illness, the parents are required to report the diagnosis to the school. The lead teacher in the student's classroom will post a sign on the classroom door that informs the parents and staff that there is a confirmed illness in that classroom, without compromising the confidentiality of the individual student. Serious illnesses include but are not limited to: strep, RSV, impetigo, influenza, scarlet fever, chicken pox, head lice, and hand, foot and mouth disease. Any diagnosed, communicable illness must be reported to GWMS within 24 hours of diagnosis.

Medication Policy: All student medications must be provided by the parents/guardians in the original container with all packaging and inserts included. The medication must be labeled with the child's name. All medications will be stored in the administration area in locked cabinets.

Medications must be accompanied by a Medication Administration Form and signed by a doctor **other than the child's parent** that indicates the type of medication, the proper dosage, and the purposes for which the medication can be used. No medication will be given for any purpose other than what the doctor has written. GWMS staff will not give a child more than the recommended dose on the packaging, even with a doctor's note. Prior to administering medication, GWMS staff are required to obtain verbal permission from a parent/guardian. No medication will be given without verbal consent from a parent/guardian.

I understand that, as a parent/guardian of a GWMS student, I am required to abide by this GWMS Health Policy Agreement. My signature below indicates my full understanding of the Health Policy and my agreement with all of the provisions outlined therein.

Parent/Guardian Name

Signature

Date

