



"Setting the Standard for Excellence in Education"

**Dayspring Montessori
Educational Center, Inc.
ST. GEORGE CAMPUS**

37 South 200 East, St. George, Utah 84770
(435) 652-9200

dayspring@infowest.com

June 30, 2011

Dear Parents,

Thank you for enrolling your child(ren) with us at Dayspring Montessori Educational Center of St. George, Utah. We are looking forward to a great year! We are proud to offer a Montessori education, which honors children and strives to help each child reach their greatest potential.

- Our revised **Parent Handbook** for the 2011-2012 school year is included with this packet. Please take a few moments to read this valuable information about the education your child(ren) will receive at Dayspring. There have been some changes to the Handbook this year so we encourage you to read through it and keep it in a handy place for reference throughout the school year.
- You will also find the **school year calendar** in this packet. We strive to honor the dates that have been chosen. Please keep the calendar in a convenient place so you can refer to it if you have questions regarding activities and/or Holidays.
- Enclosed you will find enrollment forms for each of your children. We must have all of your child's enrollment information by Thursday, July 28, 2011. First tuition payments and fees are due by August 1, 2011. Please print clearly as these forms must be legible.

An important note for new AND returning students, you must have the pink immunization form, yearly update or an immunization exemption form completed and returned to the school before your child may attend class.

If your child is new to the school, please be sure to review the **Orientation and Interview Schedule** and mark the dates on your calendar. This will be the only reminder you will receive.

The first regular day of school is **Monday, August 29, 2011.** We are excited for this coming year and the wonderful opportunity we have to be with your child(ren).

If you have any questions, please feel free to call. Thank you again!

Angela Johnson, St. George Campus Director
Julie Wand, Owner
Dayspring Montessori Educational Center, Inc.



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Dayspring Montessori Educational Center, Inc.
St. George Campus

Enrollment Packet 2011-2012

*The information in this packet changes from year to year. Please discard any previous year(s) and keep **YELLOW COLORED** pages for your reference during the 2011-2012 school year.*

*GREEN COLORED pages must be filled out and returned by **July 28th**.*

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Dayspring Montessori Educational Center does not discriminate on the basis of race, color, religion, national origin or sex.



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APPLICATION FOR ADMISSION 2011-2012

Expected grade level for the child 2011-2012: _____

Child's Name:			
Date of Birth:	Age	September 1st-Year:	Month:
(Street)	(City)	(State)	(Zip)
Address:			
Home Phone: ()			

Mother's Name:	
Mother's Place of Employment:	
Mother's Work Phone: ()	Cell Phone: ()
Father's Name:	
Father's Place of Employment:	
Father's Work Phone: ()	Cell Phone: ()

Names and Ages of Siblings:	

Class Times and Age Group Tuition: *(Please check the one that applies for the child you are enrolling.)*

Age	Half Days	Time	Annual Tuition
__ 3-6	Monday-Thursday	8:00 am – 11:00 am	\$2,750.00
__ 3-6	Monday-Thursday	12:00 pm – 3:00 pm	\$2,750.00
Age	Full Days	Time	Annual Tuition
__ 3-12	Monday-Thursday	8:00 am – 3:00 pm	\$4,850.00

I wish to enroll the following child for the 2011-2012 school year. I am enclosing my August tuition payment, which is my first tuition installment. I acknowledge that this represents my commitment to my child's enrollment in this school and that it is **non-refundable**.

Parent Signature: _____ Date: _____

For Office Use Only

1st payment received on: _____ Check #: _____ Child's Class: _____



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IDENTIFICATION & EMERGENCY INFORMATION

SCHOOL YEAR 2011-2012 TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Name:	(Last)	(First)	(MI)	(Sex)	(Birth Date)
Father's Name:	(Last)	(First)	(MI)		
Mother's Name:	(Last)	(First)	(MI)		
Address:	(Street)	(City)	(State)	(Zip)	
Telephone: ()					
Address and Telephone of Father and Mother if different from above:	_____	_____	_____	_____	_____
	(Street)	(City)	(State)	(Zip)	
Address:	(Street)	(City)	(State)	(Zip)	
Telephone: ()					
Mailing Address: <i>(if different from above)</i>	(Street)	(City)	(State)	(Zip)	
Telephone: ()					
Person responsible for child if different from Father and Mother listed above:					
Father's Work #: ()			Father's Cell #: ()		
Mother's Work #: ()			Mother's Cell #: ()		

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY			
Name	Address	Telephone	Relationship

PHYSICIAN AND DENTIST TO BE CALLED IN AN EMERGENCY		
Physician	Telephone	Insurance Policy Number
Dentist	Telephone	Insurance Policy Number

If Physician cannot be reached, what action should be taken? (Example: Call Emergency Hospital)

NAME OF PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY			
Child WILL NOT be allowed to leave with any other person without written authorization from parent or guardian!			
Name	Relationship	Name	Relationship

Parent Signature: _____ Date: _____



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STUDENT INFORMATION 2011-2012

Note: This questionnaire is completely voluntary and is not necessary for your child's enrollment at Dayspring Montessori. However, we highly recommend that you complete this form. Any information given will be held in strict confidence and will allow us to understand and to better meet the needs of your child. Thank you for your assistance!

Child's Name: _____ Birth Date: _____

Parents Name's: _____

1. Difficulties with birth of this child? _____

2. Are there any allergies, surgeries or health problems? _____

3. Language spoken in the home? _____

4. What time does your child normally arise if left to awaken on his/her own? _____

5. What is the child's weekly bedtime? Weekend bedtime? _____

6. Does he/she generally sleep all night? _____

7. Have bowel and bladder control been established for both night and day? _____

8. What discipline techniques are used in the home for misbehavior? _____

9. Has the child ever "run away" from home or school, even for a brief time? _____

10. Is there any separation anxiety on the part of the child or parent? How is this manifested? _____

11. Is he/she left with any care givers other than the parents? Who? How often? _____

12. What responsibilities does your child have around the home and yard? _____

13. Does your family have religious, dietary, or personal beliefs of which we should be aware? _____

14. Please describe your child's personality under normal conditions: _____

15. How does your child react to stress (illness, lack of sleep, frustration, etc.)? _____

16. How many hours a week is your child exposed to media? _____

17. What is your family's philosophy on media? _____

18. Is your child read to? How often? _____

19. Does your child have a non-custodial parent? _____

20. Are there court ordered arrangements that we should be aware of? (example: Can non-custodial parent pick up child without written permission from custodial parent?) _____

Parent Signature: _____

**WE ASK THAT YOU NOTIFY US OF ANY FAMILY CHANGES THAT AFFECT YOUR CHILD SO
WE CAN BETTER MEET THEIR NEEDS
(pregnancy, illness, divorce, death, etc.)**



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RELEASE AND WAIVER 2011-2012

Each of the undersigned hereby agree and acknowledge that:

- A. The undersigned is aware of the possibility and risk of injury, including, but not limited to personal injury, directly or indirectly associated with the enrolled Child's involvement in Dayspring Montessori Educational Center, Inc. (hereby referred to as Dayspring) programs, including but not limited to activities, field trips and the use of playground equipment (collectively the "school activities"); and
- B. The undersigned understands that injuries may occur in the course of school activities despite compliance with all laws and safety rules.

IN CONSIDERATION of the enrollment of Child at Dayspring, the undersigned, on behalf of the Child, himself/herself, his/her successors and assigns, hereby releases, agrees to hold harmless and forever waives and discharges Dayspring, its successors, assigns, directors, officers, members, managers agents, representatives and employees from any and all actions, claims, damages, injuries, costs or losses, including, but not limited to attorney's fees, however arising, which may have been or may be sustained by Child, in any way relating to or arising out of Child's involvement or participation in school activities.

THE RELEASE AND WAIVER PROVISIONS OF THIS DOCUMENT ARE INTENDED TO BE A LEGALLY BINDING CONTRACT, RELIEVING DAYSPRING AND ITS SUCCESSORS, ASSIGNS, DIRECTORS, OFFICERS, MEMBERS, MANAGERS, AGENTS, REPRESENTATIVES AND EMPLOYEES FROM LIABILITY FOR ANY INJURIES TO CHILD, ASSOCIATED WITH CHILD'S INVOLVEMENT OR PARTICIPATION IN SCHOOL ACTIVITIES.

THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES HIS/HER RIGHT TO CONSULT AN ATTORNEY REGARDING THE CONTENTS HEREOF, BEFORE SIGNING. THIS RELEASE AND WAIVER OF LIABILITY EXTENDS TO ALL CURRENT AND FUTURE SCHOOL ACTIVITIES, INVOLVING OR PARTICIPATED IN BY THE CHILD.

I hereby agree to the above Release and Waiver. I have read each and every provision of this document, understand the meaning and effect thereof, and agree to abide by the terms and conditions of this document. The terms of this document apply to any and all Dayspring activities involving or participated in by Child, at any time after the execution hereof.

IN WITNESS WHEREOF, the undersigned executes this Release and Waiver on the _____ day of _____, 20_____.

Child's Name: (please print) _____

Name: (please print) _____ Relationship to child: _____

Signature: _____

Name: (please print) _____ Relationship to child: _____

Signature: _____



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TUITION PAYMENT AGREEMENT FORM 2011-2012

Family: _____ Date: _____

Students Enrolled for the 2011-2012 School Year			
Child's Name	Full or Half Day	Annual Tuition	Total Annual Tuition
1.			
2.			
3.			
4.			
5.			

Total Tuition for the 2011-2012 School Year = \$

Please choose a payment method:

_____ Ten (10) monthly check or cash payments of \$_____ due the 1st of each month (August 2011- May 2012.) August payment may differ depending on one time fees-see below for total August payment.

_____ Ten (10) monthly Direct Deposit Payments of \$_____ taken from account on the 1st of each month (August 2011- May 2012.). August payment may differ depending on one time fees-see below for total August payment.

Due August 1st (One Time Yearly Fees):

Registration Fee: \$ 100.00 (x)

New Student Fee: \$ 25.00 (x)

Materials Fee: \$ _____ @ \$80.00 _____ @ \$110.00 _____ @ \$160.00= \$ _____

TOTAL AUGUST PAYMENT: \$ _____ (cash or check) **OR \$** _____ (Direct Deposit)

PLEASE NOTE:

- Payments are due by the 1st of each month. By the 5th they are considered late. **If the payment has not been received by this time, a \$25.00 late fee for 6th – 10th day and a \$50.00 late fee for the 10th – 15th day will be added to your account.**
- A charge of \$25.00 will be assessed for all returned checks.
- If you are using Direct Deposit, please fill out the Automatic Withdrawal Form with an attached voided check. (For Automatic Withdrawals the month of August all corresponding paperwork **MUST** be returned by July 28th.)
- Withdrawal of a student from school must take place during the first six weeks of school. If you withdraw your child after the first six weeks of school the entire annual tuition will be forfeited.

I have read and understand all the information as stated above and agree to abide by the terms.

Signature: _____ Date: _____



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TUITION CONTRACT

2011-2012

The school year is considered to be continuous from August 29, 2011 to May 24, 2012. Parents enroll their children for that period of time. Dayspring Montessori Educational Center, Inc. follows the Washington County School District Vacation and Holiday Schedule (see Calendar in Parent Handbook.)

We provide a payment plan for the annual tuition (see *Tuition Payment Agreement* form.) **No Deductions will be made for illness, vacation, or early withdrawal, etc., during the continuous school year.** Checks may be given to a staff member as you drop off or pick up your child, you may pay by mail, you may pay in person at the St. George office, or you may sign up for automatic withdrawal.

In case of default of this contract, I/We agree to pay Dayspring Montessori Educational Center, Inc. all attorneys fees, court costs, filing fees, and all collection costs up to 50% of the amount owing may be assessed by any collection agency retained to pursue the matter. I/We further agree to pay pre and post judgment interest at the rate of one and one half percent per month (eighteen percent per year) until balance is paid in full. _____ (please initial)

Payments are due by the 1st of each month with a grace period lasting until the 5th day of the month. If the payment has not been received by this time, a \$25.00 late fee for 6th – 10th day and a \$50.00 late fee for the 10th – 15th day will be added to your account. Furthermore, if Dayspring Montessori Educational Center, Inc. has still not received the tuition payment by the 15th of the month, your family will be asked to withdraw from the school and will be required to continue to make payments until the year's tuition is paid in full.

A charge of \$25.00 will be assessed for all returned checks.

Withdrawal of a student from school must take place during the first six weeks of school. If you withdraw your child after the first six weeks of school, the entire annual tuition will be forfeited (see *Termination Policy* form.) **If tuition has been paid in full prior to school commencement and if child is withdrawn in the six week period, Dayspring reserves a right to 90 days for total tuition reimbursement.**

By signing this document you acknowledge that you have read and agree to the Dayspring Montessori Educational Center, Inc. Tuition Contract for the 2011-2012 school year.

Please sign and return this portion. One per child, please.

Child's Name: (please print) _____

I have read, understand, and agree to the Tuition Contract for the Dayspring Montessori Educational Center, Inc.

Parent Signature

Date



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TERMINATION POLICY 2011-2012

Notwithstanding anything provided in the Tuition Policy Contract, either the Dayspring Montessori Educational Center, Inc. or the enrolled child's parent(s) may terminate this agreement at any time during the **first six weeks** of the school year. In the event of such termination, all of the obligation of the parties hereunder signed shall be deemed terminated, other than those obligations which shall have accrued prior to the date of termination. Tuition shall be prorated to the end of the month in which termination took place. **If the enrolled child is withdrawn after the first six weeks of the school year, the entire annual tuition will be forfeited and the balance of the tuition will be due in monthly installments for the remainder of the school year.**

- **If the tuition has been paid in full prior to school commencement or if child is withdrawn in the six week period, Dayspring reserves a right of 90 days for PARTIAL tuition reimbursement.**

By signing this document you agree to the above policy.

Please sign and return this portion. One per child, please.

Child's Name: (please print) _____

**I have read and understand the Termination Policy of
Dayspring Montessori Educational Center, Inc.**

Parent Signature

Date



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AUTOMATIC WITHDRAWAL OF TUITION INFORMATION SHEET 2011-2012

To facilitate tuition payments, Dayspring Montessori offers direct deposit arrangements where the monthly amount of your child's tuition will be taken directly out of your bank account and deposited into Dayspring Montessori's bank account. Automatic withdrawals are made on the 1ST of each month and continue throughout the school year.

Advantages of this include:

- No need to write a monthly tuition check. The tuition amount will be automatically taken out of your bank account.
- You will not need to stop by the office to make your tuition payment every month.
- Your tuition payments will be made on time each month. No late fees will be added to your account if funds are available.
- A discount of 5% will be applied to your monthly tuition payment.

If you would like to sign up for the automatic withdrawal program for the 2011-2012 school year, please fill out the attached Automatic Withdrawal Authorization form and attach a voided check to the form. New forms for this program must be submitted each year.

If you choose not to participate in the automatic withdrawal arrangement and you want to continue paying the monthly tuition amount by check or cash, the payment will be due by the 1st of each month with a grace period lasting until the 5th day of the month. If the payment has not been received by this time, a \$25.00 late fee for 6th – 10th day and a \$50.00 late fee for the 10th – 15th day will be added to your account. Furthermore, if Dayspring Montessori Educational Center, Inc. has still not received the tuition payment by the 15th of the month, your family will be asked to withdraw from the school to avoid accruing further debt.



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AUTOMATIC WITHDRAWAL AUTHORIZATION FORM 2011-2012

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I authorize Dayspring Montessori to instruct my financial institution to make my monthly tuition payments. I also understand I may discontinue this authorization at any time by giving two weeks written notice to Dayspring Montessori. I realize that this information will be used solely for the purpose of consumer withdrawal.

Financial institution: _____

Account Number: _____ Checking: _____ Savings: _____

Signature: _____ Date: _____

Please attach a voided check here.



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TRAFFIC POLICY 2011-2012

During dismissal on Wednesday, October 31, 2001, the St. George Police warned Dayspring Montessori Educational Center, Inc. about backing up traffic on 200 East. Drivers will be ticketed if traffic laws are disobeyed. The Officer asked that we:

1. Do not drive in the parking lane along 200 East.
2. Do not stop in the traffic lane.
3. Do not stop anywhere outside Dayspring's traffic circle, parking lot, or driveway.
4. If the traffic backs up beyond our driveway into the roadway please drive around the block until you can enter the circle. **DO NOT WALK BETWEEN THE CARS IN THE CIRCLE DRIVE.**

H&R Block has asked that we not use their parking lot, even for short term parking.

Please be understanding of our staff as we try to speed up drop-off and pick-up. We will not be able to discuss your child's day or other like issues. If your child has forgotten something you will be asked to pull around into the parking lot to wait. Children in the elementary classes will be expected to buckle their own seatbelts. Most of the Early Childhood Center students can learn to buckle themselves. If a young child has an older sibling that can assist in buckling up, it would be greatly appreciated. If your child cannot buckle him/herself, please let our staff know and we will help.

*Please refer to your Parent Handbook throughout the year if you are unclear on these policies and procedures.

Drop Off/Pick Up Policy

Dismissal for the Early Childhood children begins at 2:50 pm. If you have an Elementary student, or you car pool with children from both the Early Childhood and Elementary, your pick up time will begin at 3:00 pm and go until 3:15 pm. **PLEASE DO NOT COME EARLY IF YOU DO NOT HAVE AN EARLY CHILDHOOD STUDENT. OUR STAFF WILL ASK YOU TO DRIVE AROUND SO THEY CAN KEEP THE TRAFFIC MOVING FOR EARLY CHILDHOOD PARENTS.** School drop-off begins at 8:00 am for all-day and morning half-day students and 12:00 pm for afternoon half-day students. Before these arrival times, teachers are preparing their lessons and are not available to supervise children. School hours are from 8:00 am to 3:15 pm daily. All children must be picked up by 3:15 pm. If your child is on campus outside of school hours without a parent or supervising adult, a fee of \$10 per child per 15 minutes (or fraction thereof) will be assessed. This fee will be payable at the time the child is picked up directly to the person who has assumed responsibility for the child. If you know you will be picking up you child late, please call the office so we can reassure your child.

Child's Name: _____

Parent Signature: _____ Date: _____

Pizza! Pizza!



Little Caesars®

**\$1.25 Per Slice
Cheese or Pepperoni**

What: Fundraiser for Service Projects and Classroom Materials
When: EVERY THURSDAY!
Where: Dayspring Montessori School
How: Circle the kind of pizza you want on the form below. Tell us how many slices of EACH kind of pizza you want per week. You can order 1-3 slices. (Sorry, we can not accommodate absences.) Each 12 week term you will receive a new order form.
Please fill out the form below and return it to the office!

(Please note: Pizza orders are placed on Wednesday so it is important that the form be returned by Monday of each new pizza term in order to organize the order. Also, Little Caesars recently began cutting the pizzas differently, therefore, slices are larger than they have been in the past.)

Cut & Return

Pizza Order Form

1st Term- August 29, 2011-November 17, 2011

Child's Name: _____ Date: _____

Please mark the number of slices per week.
(One form per child, please.)
_____ Cheese _____ Pepperoni

\$1.25 x _____ (# of slices per week) = _____ x 12 (weeks) = \$ _____

Total amount due: \$ _____



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PARENT VOLUNTEER SURVEY FORM 2011-2012

During the school year there are many opportunities for parents to share special time with the children, helping with special event and daily activities. If you are interested in volunteering for any of the positions mentioned below, please check that box. If you would like to suggest other activities and are willing to help in their planning and implementation, please feel free to let us know!

Please return this entire page with your other enrollment papers. Thank you!

Child's Name: (please print) _____

Parent Name: (please print) _____

Phone Number: _____ Cell: _____

_____ ***Volunteer Coordinator**

_____ **Trike-A-Thon**

_____ **Transportation**

_____ ***Book Repairs**

_____ **Picnic**

_____ **Gardening (Spring & Fall Only)**

_____ **Field Trips/Events (yearly)**

_____ ***Parent Night Refreshments**

_____ ***Fundraising**

_____ **Other** _____

_____ ***Reading Volunteer**

_____ **Other** _____

_____ **Track Meet**

*Denotes full-year position



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SCHOOL DIRECTORY 2011-2012

The Dayspring office is often requested to provide addresses and phone numbers of our students to parents wishing to send out birthday invitations, set play dates and make car pool arrangements. With your written permission (see form below) we will include your information in our 2011-2012 Dayspring School Directory. This will be released only to Dayspring parents. It will not be sold or used for commercial purposes.

Please indicate on the form below your family's information as you would like it to appear in the 2011-2012 Dayspring School Directory.

Please Print

Child's Name: _____

Parent's Names: _____

Address: _____

Home Number: _____ Cell Phone: _____

Email Address: _____

_____ Please do not include my name in the Directory.

Parent Signature: _____



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CALENDAR OF EVENTS 2011-2012

<u>2011</u>		<u>2012</u>	
August 22-23	New Student Interviews	January 3	Return To School
August 24-25	ECC/Kindergarten New Student Orientation	January 16	Human Rights Day No School
August 29	First Day of School	February 20	President's Day, No School
September 5	Labor Day, No School	March 12-15	Spring Break
September 8	Parent Education Night	April 23 to April 26	Open House
September 13	Back To School Night 9-12	April 26	Family Appreciation Barbeque/Movie
September 14	Back To School Night 6-9	May 3	ECC Trike-A-Thon
September 15	Back To School Night K/3-6	To Be Announced	Hershey's Track Meet
October 6	Father's Night/ECC	April 30-May 3	SAT and Gates- MacGinitie Testing- Elementary
October 13	Fall Picnic	May 9	Mother's Day/ECC
November 21	ECC Thanksgiving Feast	May 10	Elementary International Day
November 23	Elementary Feast Half Day (dismiss at 12:00)	May 17	6 th Grade Graduation and Elementary Spring Performance
November 24	Thanksgiving, No School	May 22	Elementary Swim Parties
To Be Announced	First African Christmas Rehearsal	May 23	Last Day ECC PM Children
To Be Announced	First African Christmas Performance	May 24	Last Day of School Half Day (dismiss at 12:00)
December 19- December 29	Winter Break, No School		

REFERRAL COUPON

RECEIVE \$100 OFF ONE MONTH TUITION

Give this coupon to a friend and when they enroll their child at the Dayspring Montessori Educational Center, Inc., have them attach it to their application and YOU get \$100 off your annual tuition for the first full day student they enroll or \$50 off for the first half-day student they enroll. IT'S THAT EASY!

Your Name: _____

Your Friend's Name: _____

Child Enrolled: _____

Full Time or Part Time: _____

REFERRAL COUPON

RECEIVE \$100 OFF ONE MONTH TUITION

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Your Name: _____

Your Friend's Name: _____

Child Enrolled: _____

Full Time or Part Time: _____

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Your Name: _____

Your Friend's Name: _____

Child Enrolled: _____

Full Time or Part Time: _____

