

# ENROLLMENT APPLICATION



CHILD INFORMATION			
Last Name	First Name	Middle Name	Nickname
Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Primary Language	Parent/Guardian Primary Language
Street Address	City	State	Zip
Home Phone	Most Recent Preschool/Daycare	Dates Attended	Date of Entry to Sonnet
Have you previously applied to Sonnet?	Do you have another child who is applying?	Do you have any other children attending?	Through what age will your child attend Sonnet? MM/YYYY
List family members your child lives with –include names/ages of siblings			
How did you hear about Sonnet?			
PARENT/GUARDIAN INFO (PRIMARY)			
Last Name	First Name	Middle Name	Relationship to Child
Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone	Cell Phone
Street Address	City	State	Zip
Employer and Address		Work Phone	Email Address
PARENT/GUARDIAN INFO (SECONDARY)			
Last Name	First Name	Middle Name	Relationship to Child
Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone	Cell Phone
Street Address	City	State	Zip
Employer and Address		Work Phone	Email Address
BILLING CONTACT (IF DIFFERENT THAN PARENT/GUARDIAN)			
Last Name	First Name	Middle Name	Organization/Company
City		State	Zip
Home Phone	Cell Phone	Work Phone	Email Address

PROGRAM PREFERENCE			
<b>Age Group</b> <input type="checkbox"/> Infant Community (6 weeks-15 months) <input type="checkbox"/> Toddler Community (16-33 months) <input type="checkbox"/> Children's House (33 monthss-6 years)	<b>Full Day Schedule</b> <input type="checkbox"/> 2 Full Days (T/Th only) <input type="checkbox"/> 3 Full Days (M/W/F only) <input type="checkbox"/> 4 Full Days <input type="checkbox"/> 5 Full Days	<b>Half Day Morning Schedule</b> <b>11:30/11:45am</b> <input type="checkbox"/> 5 Half Days <input type="checkbox"/> 4 Half Days <input type="checkbox"/> 3 Half Days <input type="checkbox"/> Extended (1pm)	<b>Half Day Afternoon Schedule</b> <b>1-6pm</b> <input type="checkbox"/> 5 Half Days <input type="checkbox"/> 4 Half Days <input type="checkbox"/> 3 Half Days <input type="checkbox"/> Extended (12pm)
<b>Select which days you would like your child to attend:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday		<b>Which location would you like to enroll your child in?</b> <input type="checkbox"/> Prior Lake <input type="checkbox"/> Lakeville	
<b>Will your child attend Sonnet during the summer (June-August)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
We will do our best to accommodate scheduling requests, however, availability is on a first come first serve basis, and availability will be confirmed to you by the administration. Please note that scheduling changes are always subject to availability.			
EMERGENCY CONTACT AND RELEASE PERSONS – OTHER THAN PARENTS/GUARDIANS			
Please list the names and contact information of persons <b>other</b> than yourself authorized to pick up your child from Sonnet. Your child will only be released to adults you designate as authorized. All unfamiliar adults will be required to show a photo identification in order to pick up your child. Prior notification is requested when someone other than the primary or secondary parent/guardian will be picking up your child on a given day			
<b>Emergency Contact/Authorized Person #1</b>	<b>Relationship to Child</b>	<b>Home Phone</b>	<b>Cell Phone</b>
<b>Home Address</b>	<b>Email Address</b>		<b>Work Phone</b>
<b>Emergency Contact/Authorized Person #2</b>	<b>Relationship to Child</b>	<b>Home Phone</b>	<b>Cell Phone</b>
<b>Home Address</b>	<b>Email Address</b>		<b>Work Phone</b>
<b>Emergency Contact/Authorized Person #3</b>	<b>Relationship to Child</b>	<b>Home Phone</b>	<b>Cell Phone</b>
<b>Home Address</b>	<b>Email Address</b>		<b>Work Phone</b>
In order to release your child to individuals not listed here, we require a pass code that will be stored in a locked file and only available to select staff. In the event you or one of the authorized persons are unable to pick up your child, do you want Sonnet to accept telephone authorization using your confidential pass code? <input type="checkbox"/> Yes <input type="checkbox"/> No    Pass Code: _____			
<b>Who will drop off the child?</b>		<b>Drop off time:</b>	
<b>Who will pick up the child?</b>		<b>Pick up time:</b>	
<i>I understand that by enrolling my child in Sonnet Montessori, I give permission that my child may receive emergency treatment by a staff member at Sonnet Montessori. I am also granting permission for my child to be transported by car or ambulance to an emergency center for treatment, if deemed necessary. I agree to be responsible for all costs involved in emergency medical treatment, including emergency transportation. I understand that Sonnet Montessori or its employees are not liable for any illness, sickness or injury of myself or my child(ren) while on their premises or an approved field trip site.</i>			
<b>Parent/Guardian Signature:</b>			<b>Date</b>
<b>Director Signature:</b>			<b>Date</b>
OFFICE USE ONLY			
<b>Classroom</b> <input type="checkbox"/> Infant Community <input type="checkbox"/> Toddler Community 1 <input type="checkbox"/> Toddler Community 2 <input type="checkbox"/> Children's House 1 <input type="checkbox"/> Children's House 2	<b>Full Day Schedule</b> <input type="checkbox"/> 2 Full Days (T/Th) <input type="checkbox"/> 3 Full Days (M/W/F) <input type="checkbox"/> 4 Full Days <input type="checkbox"/> 5 Full Days	<b>Half Day Morning Schedule</b> <b>7-11:30/12:00pm</b> <input type="checkbox"/> 5 Half Days <input type="checkbox"/> 4 Half Days <input type="checkbox"/> 3 Half Days <input type="checkbox"/> Extended (1p)	<b>Half Day Afternoon Schedule</b> <b>1-6pm</b> <input type="checkbox"/> 5 Half Days <input type="checkbox"/> 4 Half Days <input type="checkbox"/> 3 Half Days <input type="checkbox"/> Extended (12p)
<b>Scheduled Days</b> <input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday		<b>Registration Fee Paid:</b> <b>Date:</b> <input type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Sibling Discount <input type="checkbox"/> CCAP <input type="checkbox"/> Employee Discount <input type="checkbox"/> Corporate Discount <input type="checkbox"/> Military Discount	
<b>Enrollment Date:</b> _____			

## HEALTH AND DEVELOPMENTAL HISTORY

CHILD'S BASIC INFORMATION			
Height	Weight	Hair Color	Eye Color
HEALTH HISTORY			

1. Does your child seem healthy most of the time?
2. Is your child taking any medication? If yes, what and why?
3. In the past year, has your child had any ear infections?  Yes  No  
 Has your child had trouble with his/her eyes or vision?  Yes  No
4. Does your child have any special needs that teachers should be aware of? Please attach a copy of your child's IEP, if applicable. If yes, please explain.
5. Does your child have, or ever had, other illnesses or diseases we should be aware of? If yes, list type, when and how treated.
6. Does your child have, or ever had, any injuries we should be aware of? If yes, list type, when and how treated.
7. Please check the appropriate boxes.

PAST HISTORY	
Red Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
German Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scarlet Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rheumatic Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Temperature	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Serious Accident	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgeries (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

WITHIN PAST YEAR	
Poor vision	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dizziness/fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abdominal pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Persistent Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical handicap	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trouble sleeping	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ear infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Strep throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurrent sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bladder problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bowel problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeds easily	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clumsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thumb sucking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tires easily	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)	

## EMOTIONAL BEHAVIOR

1. Does your child have any fears, such as animals, loud noises, etc? If so, please specify and explain.
2. Which of your child's behavior do you consider the most challenging to manage?

3. How much screen time (television, tablets, video games, computer) does your child have each day?
4. Do you have any specific reservations or concerns about leaving your child in a school setting? Does your child have any individual child care program needs?
5. Is there anything you think that we, as teachers, should know about your child to help us work with him or her more effectively? Please include cultural preferences.

### DAILY ROUTINES

1. Do you have any special ways of helping your child go to sleep?
2. What is your child's present sleeping schedule?  
Night time \_\_\_\_\_ to \_\_\_\_\_ Morning Nap \_\_\_\_\_ to \_\_\_\_\_ Afternoon Nap \_\_\_\_\_ to \_\_\_\_\_
3. Does your child need a blanket or toy for sleeping?
4. How frequently does your child have snack?
5. Please describe your child's eating habits.
6. Please describe your child's communication habits.
7. Please describe effective ways to comfort your child.

### TOILETING

1. How frequently does your child have a bowel movement?
2. Is your child toilet trained?
3. What word does your child use for urination? \_\_\_\_\_ Bowel movement? \_\_\_\_\_
4. Does your child frequently have a diaper rash? If yes, how is it treated?

Please attach additional pages to list any additional comments you may have relating to any aspects of your child's health or developmental history.

**MEDICAL INFORMATION****ALLERGIES**

1. Does your child have food or environmental allergies? If yes, fill out Allergy Action Plan.  Yes  No
2. Does your child have asthma? If yes, fill out Asthma Action Plan.  Yes  No
3. Does your child have special food accommodations as determined by a physician or religious preferences?  Yes  No  
If yes, fill out Special Food Needs Form.

**PERMISSION FOR NON-PRESCRIPTION PRODUCTS**

Please indicate which non-prescription products you authorize Sonnet Montessori to administer to your child. These products must be provided by the parent/guardian.

1. Sunscreen (lotion)  Yes  No
2. A&D, Desitin, Vaseline or \_\_\_\_\_ for \_\_\_\_\_  Yes  No
3. Insect repellent  Yes  No
4. Diaper wipes (infant/toddler)  Yes  No
5. Antihistamine (Benadryl or similar) for allergic reactions  Yes  No  
*We will refer to the recommended dosage noted on packing; for children under the age 2, a physician's authorization must be obtained which specifies recommended dosage for the child.*
6. Acetaminophen or ibuprofen for physical discomfort only  Yes  No  
*We will refer to the recommended dosage noted on the packaging; for children under the age 2, a physician's authorization must be obtained which specified recommended dosage for the child.*
7. Other: \_\_\_\_\_  Yes  No

**MEDICAL POLICIES**

1. Please attach a photocopy of your child's insurance card.
2. Prior to enrollment, you must provide Sonnet Montessori with updated medical and immunization information for your child. This information must be updated annually and each time your child changes age groups (i.e. from Toddler Community to Children's House or Children's House to School Age). A \$50 fee will be assessed if proper records are not submitted after the second request, and children without appropriate and current medical records will not be permitted to attend the program.
3. If there are any changes to your child's health (illness, allergies, special needs), you are required to update the school promptly, along with any required documentation.
4. In the event that your child becomes ill during the program, you must pick up your child within one hour of receiving notification by the program. Failure to pick up your child within one hour will result in a fine of \$50 (1-15 minutes late) plus \$1/minute thereafter that you are late. Sonnet is not equipped with medical professionals to care for ill children.
5. Your child may not attend the program if he or she:
  - Has an axillary temperature of 101 or higher; child must stay home until he or she is fever-free for 24 hours without the aid of fever reducing medication
  - Has vomited one or more times
  - Has contagious pink eye or drainage from the eye
  - Has any rash that may be disease-related or unknown cause; physician's note should be given stating it is not contagious for the child to return to the program
  - Has had two or more loose stools in a day
  - Has a bacterial infection and has not completed 24 hours of antimicrobial therapy
  - Has unexplained lethargy
  - Has lice, ringworm, or scabies that is untreated and contagious to others
  - Is experiencing significant respiratory distress
  - Is not able to participate in regular child care programs with regular comfort
  - Requires more care than the program staff can provide without compromising the health and safety of other children

**AUTHORIZATIONS**

**Consent to Emergency First Aid & Transportation:** I hereby give permission that my child may be given emergency treatment by a staff member at Sonnet Montessori. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, if deemed necessary. I agree to be responsible for all costs involved in emergency medical treatment, including emergency transportation. I understand that Sonnet Montessori or its employees are not liable for any illness, sickness or injury of myself or my child(ren) while on their premises or approved field trip site.

Primary Parent/Guardian Signature:

Date:

**Consent to Medical Care and Treatment:** In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold **Sonnet Montessori** and its employees harmless. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent.

Primary Parent/Guardian Signature:

Date:

**Photo/Video Consent:** At times Sonnet may take photographs or video footage of children participating in classes, recess, field trips, and concerts. These photographs or video footage may be used for school bulletin boards, scrapbooks, promotional materials such as a brochure or direct mailing, as well as on our website and social media sites. The children's names or personal information will never be released. By signing this you grant Sonnet Montessori permission to use your child's photographs or video footage in this manner.

Primary Parent/Guardian Signature:

Date:

**Professional Portrait Authorization:** I authorize my child to participate in the professional portrait company sessions at Sonnet. Twice a year a professional portrait company visits Sonnet to take individual and class portraits. The photos will be available for purchase and will not be used for publicity, marketing or advertising. The photographer will receive your child's name and class information for tracking purposes. A Sonnet employee will be present during photograph sessions.

Primary Parent/Guardian Signature:

Date:

**Field Trips:** I authorize Sonnet to take my child on field trips and understand that my child will be under appropriate supervision at all times. I understand that I will authorize specific field trips by signing the field trip permission slip prior to each field trip occurrence.

Primary Parent/Guardian Signature:

Date:

**Walking Field Trips:** I authorize Sonnet to take my child on walking field trips (including but not limited to the neighboring park and senior living facility) and understand that my child will be under appropriate supervision at all times.

Primary Parent/Guardian Signature:

Date:

**TUITION SCHEDULE**

<i>Office Use Only</i>					
Child Name	Weekly Tuition	Discount Type	Discount Amount (% or \$)	Effective and/or Expiration Date	Weekly Net Tuition
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
<b>Parent/Guardian: Please fill out an updated payment authorization form and attach if your payment method is changing</b> <b>Please select desired payment type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Bank autopay <input type="checkbox"/> Credit Card					

**TUITION POLICIES**

- Registration Fee.** \$150 registration fee upon enrollment of first child; for each subsequent child enrolled there is a fee of \$75.
- Deposit.** Due, along with your \$150 registration fee is your first week's tuition as a deposit. This money will be applied as a credit to your child's tuition after he/she has been enrolled for 6 weeks (i.e. will be credit applied to your 7<sup>th</sup> week). If you choose to unenroll prior to the fulfillment of this 6-week period, you will forfeit your deposit.
- Start Date.** When your enrollment application is approved, you will be informed of the approximate date that your child can start in their classroom.
  - That start date may fluctuate +/- 30 days
  - 30 days prior to the approximate date, you will be given a finalized start date for your child.
  - Your child **must** start on the date given by Sonnet. If your child is not ready to attend on that date, you will be offered a grace period of 2 weeks, during which you may pay 50% of the tuition to hold your spot. Beginning the 3<sup>rd</sup> week, full tuition must be paid to hold your spot, regardless of whether or not your child starts attending.
- Re-enrollment Fee:** Every spring Sonnet requires an application and a re-enrollment fee of \$50 to hold your child's spot for the up-coming school year. This fee is applied to processing costs, is not subject to discounts, and is non-refundable. Re-enrollment fees will be due with your usual tuition after completion of reenrollment process each spring.
- Payment Options.** We accept automatic payments from your checking account through our bank. We also accept credit card payments, check or cash. Tuition payments are due on a Friday biweekly for the following two weeks' care OR every four weeks for the following four weeks of care. Please note that full tuition is due regardless of: holidays, illness, absences, inclement of weather or unexpected building closures.
- Late Payments.** If the payments are not made on the due date, a \$25 fee will be assessed plus an additional \$5 per day fee for each day the payment is not made after that.
- Returned Payments.** There will be a \$35.00 fee for any returned checks/payments and a \$10 charge for declined/invalid credit card transactions. If transactions are declined and/or checks returned more than once, client will be required to make payment in cash or by cashier's check going forward.
- Keeping Account Current.** Failure to keep account current (\$0 balance within 1 week of due date) will result in immediate suspension of all discounts, including but not limited to sibling discount, corporate discount, military discount and employee discount. Failure to keep account current (\$0 balance within 2 weeks of due date) will result in immediate suspension of enrollment.
- Discounts.** Discounts cannot be combined; one offer must be selected, including but not limited to: discounted registration, referral discount, sibling discount, military discount, corporate discount and employee discount.
- Late Pick Up Fee.** The first incident of a late pick up, a \$15 fee will be assessed (1-15 minutes after their program closing time) plus an additional \$1/minute charge for each minute you are late after that. For subsequent late pick ups, there will be a \$50 fee assessed (1-15 minutes after the program closing time) plus an additional \$1/minute charge for each minute you are late after that. Chronic lateness will result in termination of enrollment. The late fee will be automatically assessed to your account and payment taken on your next tuition due date.
- Illness Late Pick Up.** In the event that your child becomes ill during the program, you must pick up your child within one hour of receiving notification by the program. Failure to pick up your child within one hour will result in a fine of \$50 (1-15 minutes late) plus \$1/minute thereafter that you are late. Sonnet is not equipped with medical professionals to care for ill children.
- School Supplies:** Sonnet Montessori requires a school supply fee of \$40 per child upon enrollment and annually to help enhance our school supplies for our classrooms. This fee is mandatory and is not subject to discounts and is non-refundable. School supply fees are due the first tuition due date in September.
- Field Trip:** Sonnet Montessori offers field trips throughout the course of the year to supplement our curriculum. All Sonnet Montessori field trips are optional. If you prefer to exclude your child from a field trip, you are responsible for alternative care arrangements outside the school. A separate fee will be charged for each child to participate.
- Special Order Lunch Fee:** A \$3 per lunch fee will be assessed when ordering gluten-free, vegan, allergen-friendly. (Regular and vegetarian meal price is included in your monthly tuition for full day students.)
- Extended Day Fee.** There is a charge of \$25 per week for half day morning students to stay through lunch (1pm). A \$4 per lunch fee will be assessed for extended morning students, and if ordering gluten free, vegan or allergen friendly the charge will be \$5 per lunch.

16. **Child Records:** Records will not be released without written permission from you. Sonnet Montessori charges an administrative fee of \$10/hour for time spent retrieving and copying records and for postage.
17. **Vacation Time Policy.** Vacation time is only available to one child per family; child must attend 4 or 5 full days year-round and have been enrolled in our program full time for a minimum of 12 months.
- Vacation time is considered to be “tuition free”
  - Vacation time should be taken on a Monday-Friday basis
  - A 30-day notice of vacation plans must be given
  - Must be enrolled for in a 4 or 5 full day program year-round (other part-time students are not eligible for vacation time or discounts)
  - Eligibility Requirements:  
Having been enrolled full time for 12 months: eligible for 1 week of vacation per school year (Sept 1-Aug 31)
  - If you terminate your enrollment and later reenroll, you lose accumulated vacation privileges
  - If you change your full-time enrollment to part-time, you lose accumulated vacation privileges
  - Vacation time cannot be used within 3 months of unenrolling or after giving unenrollment notice. If vacation time is used within three months of unenrolling, the family will be responsible to return the amount discounted for the vacation
  - Vacation time must be used on a school-year basis (September 1 – August 31). Unused vacation time does not roll over and is forfeited and cannot be cashed out or applied as a discount
  - Vacation credit will not be applied with any other discount, including but not limited to: corporate discount, sibling discount, military discount, and so forth.
18. **Extended Absence.** Under unprecedented medical or personal circumstances, a family may be obliged to remove their child from our care for a period of time. If this should happen, we will work with your family with the following guidelines:
- Approval of extended absence is at the discretion of the administration and plans should not be made until written approval is received from the administration
  - Extended absences are not to be used for vacation or summer break
  - Extended absence must be at least 4 weeks and no more than 12 weeks in length. After an absence of more than 12 weeks, your child will be considered unenrolled, forfeits accumulated vacation time, and to return to school must complete the initial process, including registration fees
  - If your child's classroom IS NOT on a waiting list, to hold your child's spot during an extended absence, a \$100, nonrefundable fee must be paid prior to commencement of the absence
  - If your child's classroom IS on a waiting list, you will be required to pay 50% of the tuition regularly due for the absence period. This must be paid in advance of your extended absence to guarantee a spot for your child. If you do not pay the 50% tuition in full and in advance, your child will not be guaranteed a spot and will be considered unenrolled
19. **Summer Break.** We understand that some parents would like the flexibility to take a break in the summer months. Our program is a year-round program, therefore, if you would like to take the summer off, we have the following options. 1) Pay \$50 per pay period (every two weeks) throughout the summer to hold your spot. This option is only available if you take off the whole summer (first day of summer school through last day of summer school). A 30-day notice is required and infants and toddlers are **not** eligible for this discount. 2) Take your allotted vacation time, as outlined under “vacation time policy”.
20. **Winter Break.** Sonnet is open during winter break (week prior and week after Christmas) except for as listed in the school closings policy and care for your child during these weeks is included in your tuition. However, we try to accommodate staff requests for vacation during this time period, and so we require that if your child will be attending during these weeks you must confirm to your director no later than December 1<sup>st</sup> or we will not be able to hold a spot for a child.
21. **No prorated tuition.** When a child starts school **or** when they return to school after absence/vacation, please note that their weekly tuition amount will not be prorated for days missed in the week. The full weekly tuition amount will be due whether they attend all 5 days or less than 5 days of that week.
22. **Termination of Enrollment.** A four-week notice is required when your child leaves the school. At minimum, tuition is due until your child's last day at school or up to 4 weeks from notification date, whichever is greater. Sonnet reserves the right to terminate enrollment without notice for accounts 2 weeks past due and reserves the right to terminate enrollment with a 2-week notice at the discretion of its administration.
23. **Other Fees.** Failure to maintain accurate records and follow state legislation and local health code requirements results in citations/penalties being issued to Sonnet, and because of that, we have implemented the following fees which will be automatically assessed to your account and payment made with the first tuition due date following the incident:
- \$50 fee assessed if you do not pick up your ill/injured child within 1 hour of notification.
  - \$50 fee assessed if your emergency card is incorrect, incomplete or outdated information. Child cannot return to care until emergency card is updated
  - \$50 fee assessed for failure to respond to second request for updated or current health record (physical exam form). Child cannot return to care until current health record is submitted.
  - \$30 fee assessed for failure to respond to second request to bring in diapers for your child
  - \$30 fee assessed for failure to respond to second request to properly label pacifiers, bottles, sippy cups, ointment, medicines, sunscreens, etc with first and last name.
  - \$30 fee assessed for failure to respond to second request for updated or current infant feeding schedule. Child cannot return to care until feeding schedule is updated.
  - \$50 fee assessed for failure to sign your child in and out after second notice. Repeated failure to sign your child in and out will result in termination of enrollment.
  - A new physical exam form/health care summary is required for children upon enrollment in the program and at least annually



for children under ages 24 months of age and whenever a child age 24 months or older advances to an older age category (i.e. when a toddler moves up to the preschool classroom). Failure to respond to the second request to provide an updated health care summary will result in a charge of \$50 added to your billing account and may result in termination of services.

- All fees are nonrefundable. Tuition rates are assessed annually and may increase.

**ENROLLMENT POLICIES**

Once enrolled, your child is expected to attend all scheduled days. Your scheduled days may not be swapped with other days in case of an absence. You are to sign your child in and out each day, as required by state law.

**Full day:** Enrollment in full days allows your child to attend during any or all of our scheduled hours of operation. However, we strongly recommend that children attend no more than 8.5 hours per day.

**Half day:** Based on your selected option, your child may attend mornings (7am-11:30am/11:45am) or afternoons (1pm-6pm). Failure to pick up your child by their scheduled end time will result in a late fee (see the above section for fee details). Based on availability, there may be an option for half day Children House students to extend their schedule to attend through lunch time for an additional charge of \$25 per week plus lunch costs (\$4/lunch for regular or vegetarian and \$5/lunch for dairy-free, gluten-free or vegan).

**Drop in:** If your child needs to attend a non-scheduled day, it is subject to availability and must be confirmed with the director. Drop in days are charged per the drop in rate on the tuition schedule.

**BABYSITTING/CONFLICT OF INTEREST**

Employees of Sonnet Montessori may not provide babysitting, child care or tutoring services for Sonnet Montessori students during their scheduled working hours. Current or past student families may not employ current or past employees of Sonnet Montessori in any capacity (including but not limited to babysitting or nannying) for at least six months after the termination of their employment at Sonnet Montessori. If the parent/guardian does not hold to the terms of this agreement, Sonnet Montessori will assess the parent/guardian a \$1,500 fine which must be paid within 30 days of receipt.

**Discounts**

1. **Sibling Discount:** Sonnet Montessori offers families with more than one child to receive a discount on tuition for the second and any subsequent children. A 10% sibling discount is given on the least expensive programs. The sibling discount cannot be combined with any other discount or offer.
2. **Corporate Discount:** Sonnet Montessori offers a corporate discount program that provides discounted tuition rates to employees of *Park Nicollet Clinic, Thomson-Reuters, Prior Lake-Savage School District, and Lakeville School District*. To receive the corporate discount the enrolled parent must show proof of employment at a participating company. A 10% corporate discount is given once proof of employment has been received. The corporate discount cannot be combined with any other discount or offer and may be applied to one child's tuition.
3. **Discounts are not given on registration fees, field trip fees, or late fees.**
4. Discounts cannot be combined; one offer must be selected, including but not limited to: discounted registration, referral discount, sibling discount, military discount, corporate discount and employee discount.



**Do not sign until you have reviewed this page with the director.** *I understand that my tuition may change. As my child transitions to a new program, if my child's schedule changes and results in a different tuition schedule, or if tuition rates change, my tuition will adjust accordingly. I hereby agree to and accept the tuition schedule as outlined above.*

*I certify that I have read, understand and accept all the terms and conditions described in these policies. This agreement is effective the date signed below.*

Primary Parent/Guardian Signature:

Date:

Secondary Parent/Guardian Signature:

Date:

**OFFICE USE ONLY**

*I certify that I have reviewed the financial policies with the primary and/or secondary parent/guardian.*

Director Signature:

Date: