

ENROLLMENT FORM

Maui Montessori: Kindergarten Prep & Educational Services

Before completing this form please be advised that the home/location of Maui Montessori does have friendly pet cats. Although there will not be a cat in the learning room, if your child is allergic / sensitive to cats then Maui Montessori may not be the right fit.

*SCROLL ALL THE WAY DOWN FOR COVID-19 POLICY

CHILD'S NAME: _____
FIRST LAST

NICKNAME/PREFERRED NAME: _____ **AGE:** _____ **D.O.B.** _____
Has child attended school before?

PREVIOUS SCHOOL: _____

PARENT 1 NAME: _____ **PHONE:** _____
(or legal guardian)

PARENT 1 EMAIL: _____

PARENT 1 OCCUPATION: _____ **WORK PH:** _____

PARENT 2 NAME: _____ **PHONE:** _____
(or legal guardian)

PARENT 2 EMAIL: _____

PARENT 2 OCCUPATION: _____ **WORK PH:** _____

PRIMARY ADDRESS:

Street

City State Zip code

PRIMARY EMAIL ADDRESS _____

Emergency Phone Number of a family member/parent that you would like your child to memorize with Michelle _____

Who's # does this belong to? _____

PLEASE LIST 1 EMERGENCY CONTACT:

1. _____
Name Phone Relationship to child

Getting to know your little one

Please help me to know your child better by filling in the following information.

Child's Name _____

1. Areas of strength:

2. Interaction with peers and siblings:

3. Goals for this experience:

4. Describe your child's interests:

5. Please explain your philosophy for discipline at home:

6. Additional information you would like to share

Please list all medical conditions so that Maui Montessori can best serve your child daily and in the event of a medical emergency. Include all dietary restrictions, medical conditions, medications, allergies and illnesses.

Is it okay for Michelle Lazuka to provide a healthy snack for your child? Circle: YES or NO

What to bring to Maui Montessori Kindergarten Prep:

The first visit requires:

*Ziploc bag of underwear, shorts, shirt, all labeled to keep at Maui Montessori.

*A filled water bottle each visit and an open mind for learning! That's all you need 😊

* Your child can bring a snack too if desired.

Registration Contract: Maui Montessori Kindergarten Prep

Please initial each line below:

_____ Kindergarten Prep is open to all families on a space available basis. Children must be at least 3 years old, completely toilet trained (no pull ups or diapers). Maui Montessori has the right to withdraw a child at any time if I feel they are a harm to others or themselves.

_____ I (Michelle Lazuka) have the right to terminate your use of the program when payments have not been made on time or if cancelations are frequent. Should circumstances arise that affect your ability to pay for your sessions, please inform Michelle Lazuka as soon as possible.

Please give 24-hour notice via text if you cannot make your appointment. (808) 500-8881. No Shows or NOT providing 24-hour notice will result in a charge of ½ (\$32.50) of the amount of the full session. Please arrive and pick up on time. There is a five-minute grace period at pick up. After 5 minutes, you will be charged \$1.00 minute after that.

How would you like to pay for the sessions for your child? Please check one.

_____ Pay for each session on that day in person

_____ Pay online at sign up time

Parent/legal guardian signature

date

Media Release

I _____ (parent/guardian printed name)
allow my child's photo to be released on Maui Montessori's social media pages and website.

Child's name _____

is authorized by _____ Date _____

(parent/guardian signature)

to allow Maui Montessori to use photos of the children for this purpose while attending the program.

I, _____, have read and understand the enrollment contract and I agree to the terms.

Parent/legal guardian signature

date

Maui Montessori release of information and consent for medical and/or emergency treatment

I, _____, hereby voluntarily consent to the rendering of care, and medical treatment by the staff of Maui Montessori Kindergarten Prep that may in their professional judgement be necessary to provide for the medical, or emergency care of my child _____ (child's full name).

I further give my consent to Michelle Lazuka/Maui Montessori to arrange for routine or emergency medical and/or and treatment necessary to preserve the health of my child including but not limited to calling 911, CPR First aid etc. I also allow them to **release any health or medical or important information** about my child to any other emergency responder, DR, nurse, caregiver, etc. in the event that my child is injured or ill while under the care of Maui Montessori, I hereby give permission to the caregiver to provide first aid for the child and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility. In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the caregiver (Maui Montessori) to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my child's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

Parent/legal guardian signature

Date

Policy for Covid-19 at Maui Montessori

Please take your child's temperature every morning before your scheduled tutoring session. If your child has a fever or a temperature of 100.4 or higher, please keep them home. I (Michelle Lazuka) will also take my own temperature each day.

Please keep your child home if they have symptoms of:

Cough

Fever

Shortness of breath

Green/colored runny nose

*Children are not required to wear a mask. The teacher will be wearing one.

*The tutoring room and outdoor area are heavily cleaned every evening with EPA registered household disinfectant. After each session of the day, the room and outdoor space is also wiped down heavily before the next student(s) arrives.

*The classroom and entire residence is professionally cleaned by a private cleaning company each week.

*To reduce the number of individuals entering the program: When arriving for your session, please stay in the car or wait on the bench outside the front door. I will be there on time and will bring your child into the learning center. When you pick up, I will be at the front door with your child. You can also wait in the car and I will bring the child to your car as well. However, it's important to come into the home for the **FIRST visit** and take a little mini tour with your child and myself.

*Children all wash hands as soon as they enter Maui Montessori.

*Hands are washed frequently throughout the session.

*Michelle Lazuka will contact all parents immediately if someone at the center has had contact with Covid-19 or becomes ill.

*The center will close for a period of time if needed to ensure everyone's safety. Any prepayments will be refunded if there is a need to close.

Please inform Michelle Lazuka immediately:

If anyone in your household has symptoms of Covid-19 or is ill with the virus.

If anyone in your household has traveled within a month of your session.

Thank you all for cooperating and reading through these policies. I am devoted to extra cleaning and following the proper protocol during this time. I take the Covid-19 precautions seriously to protect your children and families.

I agree that I have read and will follow the Maui Montessori policies.

Parent/legal guardian signature

Date