



Parental Contract

Meadowbrook Montessori School, Inc. (known as MBMS) agrees to provide a Montessori education for _____, Monday – Friday from ____ a.m. – _____ p.m.

(Child's name)

- The academic year is 10 months, from August – May (see calendar for specific dates) I understand that the Primary class curriculum is based on a 3 year continuum and for my child to fully benefit, he/she will need to complete 3 years. Summer camp is during June and July and I have the option of signing up with a 12 month contract or summer camp can be purchased separately for additional fees.
- I agree that MBMS does not provide meals and that I am responsible for providing my child's daily lunch. This must include one item from each of the 5 food groups, if it doesn't the school will furnish the missing food group at a charge of \$1.00.
- I understand that snacks are provided by parents on a rotating basis, each family will be given a shopping list and encouraged to involve the student while shopping.
- I understand that before any medication is dispensed to my child, I will fill out a medication authorization form provided by MBMS which includes: Date, child's name, medication name, prescription #, dosage, date & time medication is to be dispensed. Medication must be in original container with child's name printed on each item including the dispenser.
- My child will not be allowed to enter or leave the school without being escorted by the parent, Guardian or school personnel.
- I acknowledge it is my responsibility to keep my child's records current to reflect any changes as they occur for example phone #'s, work information, emergency contacts, including illnesses, child's physician, child's health status, immunization records, etc.
- MBMS agrees to keep me informed of incidents, including illnesses, injuries, adverse reactions to medications, and exposure to communicable diseases, which may affect my child.
- Permission is granted YES or NO for the use of school pictures or activities that include my child, for educational or public relation purposes.

- MBMS requires permission for each off campus field trip. MBMS doesn't provide transportation for school, field trips or any away from school activity.
- I acknowledge that I have received a copy of this contract and agree to abide by all policies and procedures of MBMS, Inc.
Please complete on back of page

Person responsible for the yearly Tuition:

Parental signature _____ Date _____

Social security # _____-_____-_____

Director _____ Date _____