

ENROLLMENT PACKET

2020-2021

The Tree House

at



ENROLLMENT PROCESS

1. **SCHEDULE A TOUR:** Email us at preschool@myrivervalley.org to schedule a tour.
2. **SCHEDULE CLASSROOM OBSERVATION:** This observation allows parents to see our classes in action, helping you to determine that we are a good fit for your child's learning style and temperament. Parents or Guardians only.

The Tree House at River Valley Admissions Form | 2020-2021
1224 TX HWY 71 W | Bastrop, Texas

3. **REVIEW THE PARENTS HANDBOOK:** Our Handbook outlines a wide range of school policies and practices of The Tree House at River Valley. If you have any questions about the Handbook please reach out to the Director.
4. **SUBMIT COMPLETED ENROLLMENT PACKET,** including the \$100 Registration Fee.
5. **ENROLLMENT PRIORITY & WAITING POOL:** Siblings of currently enrolled students have enrollment priority. Applications received for an already full class will be filed in our “Wait list” and parents notified when an appropriate opening is available. Joining the wait list requires the submission of full paperwork and the \$100 Registration Fee.
6. **ENROLLMENT:** Once a student has been offered a spot at The Tree House at River Valley they are enrolled. At that time the deposit, first month’s tuition, first month extended daycare and camp tuition (if applicable), and supply fees will be due.
7. **ORIENTATION:** Schedule a Class Orientation for the student and at least one parent one week before their start date. The Orientation provides an opportunity for parents and students to meet with the teacher and spend some time in the classroom and to become familiar with basic classroom systems.

DAYS AND HOURS OF SCHOOL OPERATION

The Tree House at River Valley will operate year-round, Monday through Friday 8:30 am -5:30 pm

2020/2021
Start date: September 8
Winter Break: December 21-January 4
Spring Break: March 15-19
Summer Camp start date: May 25
Summer Break: July 5
Week before school 21/22 School Closed

SCHOOL TUITION & FEES

- **REGISTRATION FEE:** There is a one-time \$100 non-refundable registration fee due at the time of application.
- **STUDENT SUPPLY FEE:** A non-refundable annual student supply fee of \$50.00, is due at the time of enrollment, and start of each subsequent school year.
- **TUITION:** The first month's tuition (non-refundable) is due at the time of enrollment. School tuition is calculated based on the full school year, regardless of days attended, and is due on the last day of the preceding month. If the last day falls on a weekend or school holiday, payment is due on the Friday before. Tuition is considered late on the 3rd day of the month and a late fee of \$25.00 will be charged. Tuition that is consistently late will affect your child's status with the school. See the tuition worksheet to calculate your total tuition and fees.
- **EXTENDED DAYCARE:** Extended Day (2:30-5:30 pm) is calculated separately from tuition. If you are pre-registering for Extended Day, the cost will be calculated into your monthly tuition payments. Please see the Extended Day Care Schedule for details.

ITEMS NEEDED FOR SCHOOL: PLEASE LABEL EVERYTHING!

- _____ 4x6 family photo
- _____ small blanket (stuffed toy or pillow for napping only)
- _____ change of clothes, including several sets of underwear and socks
- _____ water bottle
- _____ lunch box

_____ nap mat and fitted sheet contained in an extra large Zip Lock Bag

IMMUNIZATION RECORDS

Please attach a copy of one the following documents & initial:

_____ immunization records

HEALTH STATEMENT:

One of the following **MUST** be provided to the office of Bastrop Montessori within **ONE WEEK** of your child's enrollment. **You may take this page directly to your physician for a signature, then return it to the school office.**

Child's Full Name: _____ Date of Birth: _____

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he / she is able to take part in the day care program.

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Health Care Professional's Signature: _____ Date: _____

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
- My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Children age 4 years and older MUST provide The Tree House at River Valley with a record of Hearing and Vision Screening. We will offer these tests on campus.

Vision	R 20/	L 20/		Pass/Fail
Signature:				Date:
Hearing	1000 Hertz	2000 Hertz	4000 Hertz	Pass/Fail
R				
L				
Signature:				Date:

SCHOOL AND EXTENDED DAY TUITION SCHEDULE

	Time	Annual Tuition (Sept-May)	Monthly Payment (Sept-May)
School Day M-F	8:30-2:30	\$4950	\$550
Tuesday and Thursday	8:30-2:30	1,800	\$200
Extended Day	2:30-5:30	\$1350	\$150

2020 -2021 SUMMER CAMPS DATES AND FEE SCHEDULE

Summer Camp (per week):

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<u>2 Day Camps</u>	8:30 am – 2:30 pm	\$150
	2:30 pm – 5:30 pm	\$ 30
<u>5 Day Camps</u>	8:30 am-2:30 pm	\$200
	2:30 pm-5:30 pm	\$35

Summer Camp Dates

		June 21 – 25		July 26 – July 30
<u>2021</u>		June 28 – July 2		August 2 – August 6
June 1 – 4 (4-day camp)		July 6 – 9 (4-day camp)		August 9 – 13
June 7 – 11		July 12 – 16		August 16 – 20
June 14 – 18		July 19 – 23		

Tuition Worksheet

Please Note: You may choose to pay your tuition and fees by monthly installment or in an annual, upfront payment, at the time of enrollment.

School Tuition (Sept – May): _____ months x \$ _____ Annual Total: _____

Extended Day: _____ months x \$ _____ Annual Total: _____

Add school tuition, extended day: _____ Total: _____

***Summer Camps (optional) NEED NOT BE PAID UNTIL APRIL**

5-day break camp (\$200) or (\$235): _____

Total: _____

Annual Payment OR

Monthly Payment Plan (Total divided by number of months): _____

+ Registration Fee (\$100): _____

+ Supplies Fee (\$50 yearly \$25 semester): _____

Total Due at Enrollment: _____

PARENTS AGREEMENTS

ACCOUNT AGREEMENT: Please initial beside each agreement.

_____ I understand that tuition is for the full school year, regardless of payment plan, days attended or my child's completion of the school year, and that if my child is unable to complete the school year I agree to continue to pay the full tuition until my child's spot in the class has been filled, and the contract is dissolved by the Director.

_____ I agree to pay tuition by the last day of the preceding month. If the last day falls on a weekend or school holiday, I will payment on the Friday before, and understand that a late fee of \$25 will be applied if my tuition arrives after the 3rd day of the month. I further understand that consistently late tuition may affect child's status with the school.

_____ I understand that, in the event my account is turned over to an agency or attorney for collection, reasonable attorney fees, plus all attendant collection costs, or court costs will be paid by the listed Parent or Guardian.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

POLICY AGREEMENTS: Please initial beside each agreement.

_____ I have read and agree to comply with the guidelines in The Tree House At River Valley Handbook.

_____ I agree to bring any concerns that I have directly to my child's teacher or the director, and to refrain from gossip with others.

_____ Bastrop Montessori personnel may take my child to an emergency care facility if needed.

_____ I agree to have my child to attend school regularly and to arrive on time (unless sick or by pre-arrangement with teacher).

_____ The Tree House at River Valley personnel may administer medications that I provide.

_____ The Tree House at River Valley personnel may use photo/video and sound recordings of my child in marketing and promotion materials. NOTE: Children's names will NEVER be used.

_____ The Tree House at River Valley personnel may to post my child's pictures/video on the school's private Facebook Group.

_____ The Tree House at River Valley personnel may administer bug-spray or sunscreen.

_____ My child may participate in water play at The Tree House at River Valley .

_____ I understand that the primary method of communication from school to parents is through the Parents at The Tree House at River Valley email group and agree to stay informed of school matters by checking my email regularly.

FAMILY INFORMATION

Child's Name: _____ D.O.B. _____ ON September 1

Child's Primary Address: _____

Child lives primarily with: Mother Father Both Other: _____

Allergies and/or Health Concerns: _____

Parent #1: Name: _____ Cell Number: _____

Email: _____

Address: _____

Driver's License Number: _____

Parent #2: Name: _____ Cell Number: _____

Email: _____

Address: _____

Driver's License Number: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, and a parent cannot be reached, please provide contact information for one person who lives locally.

Name: _____ Phone Number: _____ DL#: _____

Relationship to child: _____

Physical Address (Local): _____

The following people have permission to pick up my child:

Name: _____ Phone Number: _____ DL#: _____

Name: _____ Phone Number: _____ DL#: _____

CHILD'S INFORMATION

Child's Name: _____ M/F/Other

Name they like to be called: _____ D.O.B. _____

Please indicate your child's level of potty independence: (My child will have pull ups) (Regular use of potty w/ accidents) (Completely independent, including wiping)

Has your child previously participated in any type of pre-school or day care center? Please explain:

Why are you interested in The Tree House at River Valley at this time? _____

What are your child's special interests? _____

What is your method of discipline at home, and how is it working? _____

How does your child respond to boundaries and expectations? _____

How does your child handle frustration? _____

Do you have any concerns about your child's social/emotional or behavioral development? _____

Is there anything else that we should know about your family or your child, so that we may support their growth and development in the school community? _____

CHILD'S INFORMATION

Child's Name: _____ D.O.B. _____ Age in Sept: _____

Student is: [New] [Returning]: Date of original enrollment: _____

Primary Parent's Name: _____

Tour Date: _____ Observation Date: _____ Orientation Date: _____ Start Date: _____

App Received on: _____ Days and Hours in Care: _____

Tuition Agreement: Annual Payment _____ Monthly Payment _____

The following have been completed:

- How did this family hear about The Tree House at River Valley?

- Account Agreement Page
- Completed Admissions Packet
- Handbook Signature Page
- Vaccination Records
- Vision and Hearing Records
- Good Health Letter from Doctor
- Permission to transport to Emergency Room
- Joined Email Group
- Joined Community Facebook Group
- Joined Group Me App
- All items from student checklist

Office Notes:
