



2022-2023

For OJMS use only
Date Received:
Registration Pd Amount:
Payment: Program:

Student Enrollment Contract & Forms
Pre-School and Kindergarten

1640 West 13200 South, Riverton UT • 84065 \* 801-253-4000
info@ourjourney.org • www.ourjourney.org

PLEASE PRINT NAME OF CHILD (REN)

NAME OF CHILD: Birthdate Class
NAME OF CHILD: Birthdate Class
NAME OF CHILD: Birthdate Class

PARENT OR GUARDIAN

Name
Street address
City Zip Code
E-mail
Home Phone Cell Phone
Occupation

OTHER PARENT OR GUARDIAN

Name
Street address
City Zip Code
E-mail
Home Phone Cell Phone
Occupation

Marital Status of Parents: Married ReMarried Divorced Domestic Partnership
(Please circle as applicable) Single Separated Widowed

Custody Agreement if Parents are Not Married

If Domestic Partnership, who has legal status for the child

Applicant lives with: Both Parents Mother Father Other (please specify)

Other Children in the Family (not currently attending OJMS):

Name Age Name Age

Name Age Name Age

Those Authorized Other Than Parents for Child Pickup:

Name Phone(s) Relationship

Name Phone(s) Relationship

Those NOT Authorized for Child Pickup:

Name

Person to Contact in Case of Emergency if Parents Can Not Be Reached:

Name Phone(s) Relationship

Medical Conditions / Allergies

Signatures (Both parents)

Date

**Non Refundable Registration Fees Due at Enrollment**

|                   | New Student Fee | Material Fee | Activity Fee* | New Student Total Due | Returning Student Total Due @ Enrollment |
|-------------------|-----------------|--------------|---------------|-----------------------|--|
| Half Day Schedule | \$50            | \$90         | \$100         | \$240                 | \$190                                    |
| Full Day Schedule | \$50            | \$150        | \$100         | \$300                 | \$250                                    |

**2022-2023 Academic Year Tuition Schedule**

|                             | Monthly x 9.25 |  | Monthly x 9.25 |
|-----------------------------|----------------|--|----------------|
| Toddler 5 ½ day             | \$620          | Emerging Class – 5 ½ Day   | \$510          |
| Toddler – 5 Full Day        | \$1005         | Emerging Class – 5 Full Day  | \$870          |
| ** Toddler Childcare Option | \$1160         | ** Early Childhood Childcare Option  | \$950          |
| Early Childhood – 5 ½ day   | \$420          | Childcare Option includes before/after care each day and all extended care days. |                |
| Early Childhood- 5 Full Day | \$795          |  |                |

This agreement is entered into by and between Our Journey Montessori School and the parent(s) or guardian(s) whose signature(s) appear below. The parties hereto accept the following terms and conditions governing the child’s enrollment at the school.

**Application:** I hereby apply for (student’s full name): \_\_\_\_\_,

date of birth (month, day, year) \_\_\_\_\_ to be enrolled in Our Journey Montessori School.

If for any reason I withdraw from this enrollment contract, I understand and agree that all registration, activity and book fees are non-refundable. The New Student registration fee is not paid by returning OJMS students.

**Initials** \_\_\_\_\_

**Provisional Period:** I understand and agree that Our Journey Montessori School admits *new students* subject to a 30-day provisional period. During this period, if either the child’s parent/guardian or the staff of Our Journey Montessori School feels that the program is not appropriate for the child, 30-day written notice may be given for the child’s withdrawal or dismissal. Tuition will be prorated based on time attended and 30 days after date written notice is received. I understand that if my child is a returning student there is no provisional period and that my child is enrolled for the entire school year.

**Initials** \_\_\_\_\_

**Contract:** I understand and agree that I am signing a contract for each individual child listed. This contract reserves my child’s placement for the entire school year. Should I need to withdraw my child, I must give 60 days written notice. I agree to pay for those 60 days. In addition to the 60 days’ notice, there is a \$250 early termination fee. I agree to pay tuition, regardless of the student’s absence, withdrawal, suspension or expulsion. The Montessori classroom is prepared to accommodate your child and his /her space is reserved. The school cannot give credit for missed days due to vacation or illness. **Initials** \_\_\_\_\_

**Sibling Discount:** A sibling discount of 5% is applied to the tuition of younger siblings enrolled. **Initials** \_\_\_\_\_

**Payment Options:** I hereby choose and agree to the following payment option for tuition due:

**I. Annual payment.**

I will pay the full 2022-2023 annual tuition, less the 5% discount, to Our Journey on or before July 1, 2022. Payment may be made by check or money order only. **Initials** \_\_\_\_\_

**Monthly installments.** I will pay tuition in 9.25 monthly installments, due on the 1st of the month, beginning August 1, 2022. The fact that the school allows tuition and fees to be paid in installments does not create a fractional contract or in any way relieve the parent of the responsibility of the entire school year’s tuition. Installments may be paid by money order, check or Venmo (FF). **Initials** \_\_\_\_\_

**Late Fees:** Our Journey Montessori will charge a late fee of \$25 after the **5th of the month** on any unpaid balance. A \$35 fee will be assessed for returned checks. **Initials** \_\_\_\_\_

**Unpaid Tuition:** I understand and agree that if payment of tuition is not made in accordance with this contract, the school shall have the right to refuse to admit the child to class. In the event the account becomes 30 days delinquent, it may be turned over for collection. I agree to pay all attorney fees, court costs, filing fees, including charges or commissions up to 50% of the principal balance that may be assessed to Our Journey Montessori by any collection agency retained to pursue past due balances. I also agree to pay 1½ % per month (18% annual) interest on any outstanding amount due. I further understand and agree that there is a \$35 fee for checks returned for insufficient funds. **Initials** \_\_\_\_\_

**Specialized Services/Facilitator:** Our Journey Montessori does not provide specialized services outside of our Montessori curriculum. If additional services are required, it is the responsibility of the parent to pay for extra services. Facilitator’s cost will vary depending upon the child’s needs. **Initials** \_\_\_\_\_

**Parent Involvement:** I understand and agree that either a \$375 donation, or 25 hours of participation per family are required each year. Families may choose to participate a lesser number of hours and donate the difference (\$15 per hour). The family is responsible for recording time participated at the office. The family will be notified in Jan. 2023 of completed hours thus far, and billed May 1, 2023 for any uncompleted hours at \$15/hour. **Initials** \_\_\_\_\_

Child (ren) Name (s): \_\_\_\_\_

Parent Printed Name \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Parent or legal guardian who is financially responsible for the child)**

Printed Name \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Other parent or person financially responsible for tuition)**

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(if different than student)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

(Our Journey Montessori School)

**Authorization to Administer Medication and Release**

Our Journey Montessori School staff will not dispense any medication, either prescription or non-prescription, unless it is brought in personally by the Parent or Guardian with a signed permission form and written directions for OJMS staff to administer medication. Please notify the OJMS office if you need a permission form.

I, \_\_\_\_\_ (name), am the parent or legal guardian of \_\_\_\_\_.

I authorize and direct Our Journey Inc, and its agents, directors and employees to administer medication to my child as described below.

Our Journey Montessori School will administer prescription medication only from the container from which it was dispensed by a registered pharmacist, and only in accordance with the instructions printed on the container by the registered pharmacist. Our Journey Montessori will not administer prescription medication to my child from a container which indicates that the prescription has expired, or that the prescription was not issued for the child. I hereby WAIVER, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against Our Journey Montessori for damages for death, personal injury or property damage I or my child may suffer as a result of Our Journey Montessori administration of prescription medication in accordance with its printed instructions.

Our Journey Montessori School will administer non-prescription medication according to my written instructions. I ACCEPT FULL RESPONSIBILITY FOR THE CONSEQUENCES OF ADMINISTRATION OF NON-PRESCRIPTION MEDICATION ACCORDING TO MY INSTRUCTIONS. Our Journey Montessori School shall have no duty or obligation to check the reasonableness or propriety of my instructions and I WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against Our Journey Montessori School for damages for death, personal injury or property damage I or my child may suffer as a result of Our Journey Montessori's administration of non-prescription medication in accordance with my instructions.

Each and every waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child's right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against Our Journey Montessori School for the activities or occurrences described. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless Our Journey Montessori School for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases.

I HAVE READ, UNDERSTAND AND AGREE WITH THE TERMS AND CONDITIONS ABOVE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Field Trip Authorization and Release**

I \_\_\_\_\_ (name) am the parent or legal guardian of \_\_\_\_\_.

I authorize and direct Our Journey Inc., its agents, directors and employees to transport my child on field trips. I also hereby grant permission for parent volunteers to transport my child on field trips and for my child to participate in field trips. Students enrolled in Our Journey Montessori School's routinely take field trips. During these field trips, students may be required to walk or be transported in Our Journey Montessori School or parent volunteer vehicles. Our Journey Montessori School strives to offer a safe and educational experience for your child. Our Journey Montessori School will not be liable for any incidents or accidents occurring during transportation or participation in a field trip. I hereby WAIVER, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against Our Journey Montessori School for damages, for death, personal injury or property damage I or any child may suffer as a result of being transported by a parent volunteer or Our Journey Montessori School or participation in a field trip.

Each and every waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child's right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against Our Journey Montessori School for the activities or occurrences described. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to Indemnify and hold harmless Our Journey Montessori School for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases.

I HAVE READ, UNDERSTAND AND AGREE WITH THE TERMS AND CONDITIONS ABOVE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Photo Release**

Students Name \_\_\_\_\_

Permission is granted to use pictures of my child or my child's works for articles in the newspaper, brochures, web-site displays, classroom materials or other school-related purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Medical Authorization and Release**

I, \_\_\_\_\_ (names), am the parent or legal guardian  
of \_\_\_\_\_

I understand and acknowledge that my child may require first aid and/or emergency medical care for illness or injury occurring at Our Journey Inc, DBA Our Journey Montessori School. (Our Journey School shall hereinafter refer to Our Journey Montessori School, Our Journey Inc.,its agents, directors and employees, or on field trips conducted by Our Journey Montessori School. If my child should be or appear to be injured, I hereby authorize Our Journey Montessori to render such first aid to my child as appears reasonably necessary under the circumstances; and to take such actions as appear reasonable, necessary, or in the best interest of my child and other children. Our Journey Montessori may transport my child to the doctor named herein or to a hospital or emergency center which Our Journey Montessori may, in its sole discretion, determine to be appropriate under the circumstances. I further confer upon Our Journey Montessori requisite authority to act in my place and stead in authorizing medical care found necessary or advisable by a health care professional. In the event my child should suffer an emergency requiring professional medical services, Our Journey Montessori will use reasonable efforts to notify me as soon as possible but will not delay authorization of needed medical treatment. In the event that Our Journey Montessori is required to accept financial responsibility to obtain medical care for my child, I hereby unconditionally guarantee prompt and full payment for all medical services rendered. I further agree to reimburse, indemnify and hold harmless Our Journey Montessori School for all medical costs and expenses incurred on behalf of my child and all other sums of any kind related to such medical expenses.

I hereby WAIVER, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against Our Journey Montessori for damages for death or personal injury my child may suffer as a result of (1) efforts by Our Journey Montessori to render first aid; or transport my child to or from a doctor, hospital or emergency room; (2) handling, diagnosis, treatment or care of my child by a doctor, hospital, emergency center, or emergency transport provider; and (3) failure to render or seek first aid or medical care. Each and every waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child's right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against Our Journey Montessori for the activities or occurrences described. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless Our Journey Montessori for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases. I have read, understand and agree with the terms and conditions above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Contact in Case of Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

\*\*\* **Medical Conditions / Allergies** \_\_\_\_\_

Medical or Health Insurance Policy Carrier \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

**Must be completed at the time of enrollment for all children attending Our Journey Montessori School.**

|                      | Times Available  | Annual Amount | Monthly | Daily |
|----------------------|------------------|---------------|---------|-------|
| A.M. Session Only    | 7:30 – 8:30 a.m. | \$ 637        | \$ 80   | \$ 6  |
| P.M. Session Only    | 3:30 – 6:00 p.m. | \$ 1275       | \$ 160  | \$ 10 |
| A.M. & P.M. Sessions |                  | \$ 1488       | \$ 185  | \$ 14 |

**General Policies:** Anyone designated to drop off/pick up the child is required to sign the child in and out. Any part, or all of the morning and afternoon activity times may be used.

**Rates:** Payment for annual amount is due by July 1, 2022. Payment for monthly amount is due the first day of each month. A late fee of \$25 will be applied after the 5<sup>th</sup> of the month on any unpaid balance. A \$35 fee will be assessed for returned checks. **No discounts apply.**

**Daily Drop-in:** The minimum bill for drop-in is the full daily rate, billed **per child**. You will receive a monthly invoice, billed on the 1st of each month following any usage, and due by the 10th of said month. Failure to pay by this date will render your child(ren) unable to participate further in the program until payment is received in full including any accrued late fees.

**Fee for Late Pick-Up:** \$5 per student, for every five minutes, or part thereof, past 6 p.m.

Before and After School Activities are structured and activities are organized for the maximum benefit of students. The lessons of grace and courtesy which are taught and practiced during school time will also be expected during Before and After School Activities. Students will be responsible for completing their homework as much as possible, cleaning the room, and preparing themselves to leave at the end of the day.

**Complete the information below for Before and After School Activities:**

Student's Name \_\_\_\_\_ Class \_\_\_\_\_

Age as of September 1, 2022 \_\_\_\_\_

Desired Time(s)                      A.M.                      P.M.                      BOTH                      AS NEEDED (advance to signature needed below)

Student's approximate arrival time \_\_\_\_\_ approximate departure time \_\_\_\_\_

Payment Method:                      ANNUAL                      MONTHLY                      DAILY

**I have read, understand, and agree to abide by the policies as outlined on this form.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_