

## SUMMER CAMP ENROLLMENT AND SCHOOL INFORMATION 2023

**REGISTRATION:** ALL REGISTRATION FORMS MUST BE SIGNED AND DATED BY THE PARENTS OR LEGAL GUARDIANS FOR EACH CHILD ENROLLED IN THE BUSY BEES MONTESSORI SCHOOL (hereinafter the "School").

1. APPLICATION FORM AND CONTRACT FORM
2. FAMILY QUESTIONNAIRE
3. HEALTH FORM – A health form (to be provided) must be current within six months of this application and is due on or before Contract's start date.
4. BIRTH CERTIFICATE
5. SUMMARY OF LICENSING STANDARDS RECEIPT

### SUPPLIES NEEDED:

1. Two sets of clothes with names on tags. (Including underwear and socks)
2. Inside gym shoes with names on tags for walking children (will put them on at arrival).
3. Diapers pull-ups, wipes, diaper rash ointment (whatever your child uses).
4. Disinfecting wipes for sanitizing the classroom as needed.
5. Blanket with name on tag and a cot sheet (Order online at [lakeshorelearning.com](http://lakeshorelearning.com)) INFANTS: sleep sack and small crib sheet (will be washed by parents every week).
6. Spirit wear t-shirt: Order at [www.bb-montessori.com](http://www.bb-montessori.com) backpack and water bottle with name.

### ARRIVALS AND DEPARTURES:

Please send your child clean and comfortably dressed for the day and make your goodbye brief. Toys bought from home are not allowed and we will not be responsible for outside toys. We will have a daily health inspection and we will wash your child's hands upon arrival. No one other than the parents or a designated person will be allowed to pick up your child without making prior arrangements. Person's unknown to the school staff will be required to provide a driver's license (with photo), a photo identification card issued by the Illinois Secretary of State, or other photo identification to establish their identity before the child is released to them. No child will be admitted after 9:00 a.m. unless it is because of a doctor's appointment. Parents must call to let us know about the late arrival and must bring a note from the doctor. Breakfast will not be served after 9 a.m. If a child is going to be on a scheduled absence, please let us know as soon as possible on the Brightwheel App.

### DUPLICATE BIRTH CERTIFICATE:

A certified copy of a child's birth certificate or other reliable proof of the child's identity and age such as a passport, visa or other governmental documentation must be presented within 30 days of enrollment. Local law enforcement will then be immediately alerted. Should a passport or visa be submitted in place of the birth certificate, parents are to provide a sworn affidavit or notarized letter stating why a birth certificate is unavailable. The school is required by law to notify the Illinois State Police or local law enforcement agency if you fail to submit proof of the child's identity within the 30-day timeframe. If, after 30 days, this documentation is not presented, the school will notify the police and you will have an additional 10 more days to comply by submitting the required documentation (Public Act 95-0439).

## BEHAVIORAL STRATEGIES

**BEHAVIOR MANAGEMENT AND DISCIPLINE:** Below are strategies Busy staff will use to respond to child misbehavior. It is always a good idea if rules are explained fully and are understood before any misbehavior occurs. Whenever possible, we will include your child in making rules for the classroom.

- **Redirection**

This strategy will be used most frequently when working with young children. If a child is not following the rules or is being uncooperative, we will quickly get the child's attention and introduce another activity. For example, "Kate, please help me water the flowers now. You've been riding the bike for a long time and it's Logan's turn."

- **Logical consequences**

These are structured consequences that follow specific misbehaviors. The child should be able to see how the behavior and the consequence are directly related. For example, Andrew is standing on his chair at lunch. His teacher will remind him that if he stands on his chair, he could fall and get hurt. While this may make him sad, it will remind the child of logical consequences.

- **Participate in the solution**

If a child damages something, he/she needs to help in fixing it or in cleaning up. If a child causes someone distress, he/she should help in relieving that. For example, "It made Brandon very sad when you told him he wasn't your friend anymore. Please apologize and help me make him feel better."

- **Natural consequences**

Allowing children to experience the consequences of their behavior is also called learning the hard way. For example, Laura does not put her books back in her school bag after she finishes reading. One day she loses a book, and therefore must find a way to replace it. We use natural consequences only if they will not endanger a child's health or safety. If these actions do not help in reducing or changing behavior the following will take place.

1. Staff will report behavior and what strategies have been attempted to the Director and/or Assistant Director.
2. The Director and/or Assistant Director will observe the child and meet the the Lead Teacher to develop a behavior management plan.
3. The behavior management plan will be discussed with the parents and then put into practice.
4. The Director and/or Assistant Director, Lead Teacher and Assistant Teachers, and parents will evaluate the behavior management plan. If needed, adjustments will be made.
5. If a child's behavior becomes threatening to themselves, other children, staff or teachers, the child will be removed from the classroom and possibly the program.

**TUITION AND HOURS**

Busy Bees Montessori School offers a summer camp program for our students. Trained Montessori teachers lead all of the programs making sure to keep the school’s mission and vision in sight. Our camp provides a safe, fun and active environment where campers enjoy their time. Each of the weeks are divided into different themes that the campers get to dive into and explore a variety of classes such as classroom and outdoor activities, gardening, art projects, sports, STEAM/Engineering, master chef Junior, nature walks and sprinklers.

These fees are subject for students that are attending summer only.

**HOURS:** 8:00am-4:00pm. We will be closed the Week of July 3<sup>rd</sup> to July 7<sup>th</sup>

**MONTHLY SUMMER TUITION FOR TODDLERS AND TWO-YEAR OLDS.**

PROGRAM AND HOURS	5 DAYS A WEEK	4 DAYS A WEEK	3 DAYS A WEEK
June 5 <sup>th</sup> – June 30 <sup>th</sup>	\$1550.00	\$1500.00	\$1450.00
July 10 <sup>th</sup> – July 28 <sup>th</sup>	\$1500.00	\$1450.00	\$1400.00
July 31 <sup>st</sup> - August 24 <sup>th</sup>	\$1500.00	\$1450.00	\$1400.00

**MONTHLY SUMMER TUITION FOR 3-6 Y/O:**

Must be three years old and potty-trained to qualify for the rate.

PROGRAM AND HOURS	5 DAYS A WEEK	4 DAYS A WEEK	3 DAYS A WEEK
June 5 <sup>th</sup> – June 30 <sup>th</sup>	\$1300.00	\$1250.00	\$1200.00
July 10 <sup>th</sup> – July 28 <sup>th</sup>	\$1250.00	\$1200.00	\$1150.00
July 31 <sup>st</sup> - August 24 <sup>th</sup>	\$1250.00	\$1200.00	\$1150.00

**TUITION:** Summer Tuition payments are due on the 1<sup>st</sup> Monday of each month for the upcoming month. There is open enrollment all year if there is an available place for your child you can enroll for the school year 2023-2024. Tuition includes lunch and breakfast. Afternoon snacks are provided by parents once a month for the whole class.

**SUMMER PROGRAM:** Parents should therefore be advised that the school will not exchange days or discount payments because of missed school days whether because of illness, covid exposure, holidays, professional days, personal vacations, school calendar vacations, school closing emergencies or any other reason.

**PENALTIES:** If tuition payments are not timely received, a five-dollar late fee will be assessed for each day the balance is outstanding. Continued late payments may result in termination of the contract at the Administrator’s discretion.

**LATE PICK UP OR EARLY DROP OFF CHARGES:** School hours are firm. Charges will apply for any early drop-offs or late pick-ups. The charge will be reached at \$1.00 per minute. Payment is made for staff and school inconvenience. Payment should be in cash but checks for late pick-ups may be accepted. Checks should be written out to the order of the specific staff member staying with your child. It is convenient that you call if you know you are going to be late. If the child is not picked up by 5:30 and you have not called, we are going to call you but if we can’t reach you the emergency contacts are going to be called in order to pick up the child; and if for any reason we cannot contact anyone and the child is not picked up by 5:45, the police will be called and you have to pick him/her up at the police station.

**NSF:** For any check returned for insufficient funds, a fee of \$30.00 plus late fees will be accessed.

**FUNDRAISING:** Is mandatory to participate in 2 fundraising during each school year and collect \$200 on each.

**INSURANCE POLICY:** The School shall carry public liability insurance in the single limit minimum amount of \$300,000 per occurrence.

**ILLNESS POLICIES**

If the child becomes ill during school hours, a parent or guardian will be contacted immediately to remove him/her within one hour of being notified. Once the child is removed from school due to illness, they may not return for a full 24-hour period unless a doctor’s note is provided stating that the child is well. If we have to give medicine to your child please bring the copy of the doctor’s prescription with the medicine in its original container and the pharmacy labels on it. You also will need to fill out an authorization to administer a medication form. For minor bumps and bruises, we will provide first aid.

Please do not bring your child to School if she/he is sick. Per the Illinois Department of Children and Family Services (DCFS), children will be allowed to attend School if they exhibit symptoms such as:

- Illness that prevents the child from participating comfortably in program activities.
- COVID-19 policies will change, and we will adjust accordingly to the current needs.
- COVID-19 Symptoms, including a fever (100.4 or higher), new onset of moderate to severe headaches, shortness of breath, new cough, sore throat, vomiting, diarrhea, new loss of sense smell/taste, fatigue, muscle, and body aches.
- The IDPH COVID-19 Decision Tree was updated to limit the symptoms for which students should be screened for suspect COVID-19 infection. Many symptoms of COVID-19 are also symptoms of common illness like seasonal allergies, colds, and chronic conditions like asthma. To prevent repeated isolation and quarantine, the list of symptoms has been limited to those most likely to be part of an infectious syndrome. However, if a student/staff has a COVID-19 symptom not listed, but the school health staff has an increased concern due to community spread or known close contact (as described in the COVID-19 Decision Tree), the school health staff should send home ill individual and require testing or an alternatives diagnosis for return.
- Illness that calls for greater care than the staff can provide without compromising the health and safety of other children.
- Fever 100F with behavior change or symptoms of illness.
- Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness.
- Diarrhea.
- Vomiting 2 or more times in the previous 24 hours unless the vomiting is determined to be due to a noncommunicable condition and the child is not in danger of dehydration.
- Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious.
- Rash with fever or behavior or change, unless a physician has determined the illness to be noncommunicable.
- Prudent conjunctivitis, until 24 hours after treatment has been initiated.
- Impetigo, until 24 hours after treatment has been initiated.
- Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours.
- Head lice, until the morning after the first treatment.
- Scabies, until the morning after the first treatment.
- Chicken pox (varicella), until at least 6 days after onset of rash.
- Whooping cough (pertussis), until 5 days of antibiotic treatment have been completed.
- Mumps until 9 days after onset of parotid gland swelling.
- Measles, until 4 days after disappearance of the rash; or symptoms that may be indicative of one of the serious, communicable diseases identified in the Illinois Department of Public Health Control Communicable Disease Code (77 III. Adm. Code 690)

**MEDICAL EMERGENCIES:** In case of a serious accident or sudden illness, requiring medical attention, the following procedures are followed: 1. A phone call to 9-1-1 is made. 2 The child's parent, guardian or emergency contacts are called. 3.The child's health records are taken to the emergency service provider.

It is extremely important THAT PARENTS KEEP EMERGENCY CONTACT INFORMATION UPTO DATE WRITTEN IN THE BRIGHTWHEEL APP. AND CORRECT. If the injury is serious (i.e. needs stitches, broken arm, or dislocation, etc.), parents will be responsible for all costs involved in emergency medical treatment, including emergency transportation if required. The school will not be liable for failure to contact you if you do not keep your emergency contact information up to date and accurate.

**POTTY TRAINING:** Our policy is that if a child is observed to be ready for potty training, we will inform his/her parents so that they can initiate the process. We will work as a team with you in order to make this a positive experience for your child. We will not punish any child for a potty accident and only positive and gentle coaching will be given. It is very important that you get involved in the process in order to make this a healthy transition for your child.

**DIAPER CHANGES:** For children using diapers, diapers will be checked and changed every 2-3 hours or more frequently if required. Each child will be diapered after waking up from his/her nap. Hand washing is performed after each change. All children will take a nap at or around noon.

**VISITS, TRIPS, AND EXCURSIONS:** We will visit the park often and we will plan a few field trips during the year. For field trips, you will be notified in advance, and you will need to sign the permission slip and pay any transportation fees, if applicable.

**FOOD:** We provide children with breakfast and lunch. The snack is provided by parents. Children under 2 years of age shall not be fed berries, candies, raisings, corn kernel, raw carrots, whole grapes, hot dogs, nuts seeds, popcorn, raw peas, or peanut butter, as these foods may cause choking. Any of these food items that are sent by a parent with a bite stating that the food is prohibited.

#### **GENERAL INFORMATION:**

1. Parents are required to sign in on arrival and sign out upon departure.
2. We will provide you with a written daily report of your child's day.
3. Children will not be denied enrollment on the basis of sex, race, religion or disability.
4. **PRIVACY POLICY:** We will keep personal information on the children and their families private. However, DCFS will have access to that information.
5. Feel free to call or send a message on the Brightwheel App (preferred) at any time.
6. If a school item is broken or damaged by a child, the child's family will take it home to fix or replace it.
7. Infants may use pacifiers during rest time. To reduce the likelihood of spreading illness, pacifiers must be kept in a child's cubby or diaper bag during all other times of the day.

APPLICATION FORM 2023-2024

Start Date \_\_\_\_\_ For the days M T W TH F From \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Discharge Date \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Child's Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Employer's Name \_\_\_\_\_ Work Hours \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Employer's Name \_\_\_\_\_ Work Hours \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

EMERGENCY CONTACT\*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

PLEASE LIST ALL PRIMARY PERSONS TO WHOM THE CHILD MAY BE RELEASED REGULARLY.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

PLEASE LIST ALL PRIMARY PERSON TO WHOM THE CHILD MAY BE RELEASED ON A CONTINGENCY BASIS.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**ENROLLMENT INFORMATION CONTRACT**

I agree to register to my child: \_\_\_\_\_ at Busy Bees Montessori School

Start Date: \_\_\_\_\_ For the days: **M T W Th F** from \_\_\_\_\_ to \_\_\_\_\_ pm.

**All provisions of the Enrollment Information, including the Tuition, Hours, and Fees Provisions, are expressly incorporated into this Contract and by signing this Contract the Undersigned expressly binds themselves to all obligations on their part to be fulfilled.**

Your signature on this Contract grants Busy Bees Montessori School, without more, permission for the following:

1. To allow paramedics to take your child to the nearest hospital for emergency treatment and you will be responsible for the emergency medical charges.
2. To use your child’s photograph for purposes of school publicity and on the school’s website unless you have specifically and in writing stated that your child’s photograph may not be used.
3. To take your child on walking excursions around the neighborhood with other written permission.
4. To allow staff to apply first aid and CPR when necessary.
5. To allow staff to apply to your child topical ointment when necessary.
6. To have your child nap daily.
7. To participate and cooperate on school fundraising the amount of \$400 one time during the year.
8. To administer prescribed medicine to your child as specified in the prescription’s directions for administration and as specified by a physician’s note.
9. To administer over the counter medicine to your child as specified on written instructions signed by a parent/guardian or your child’s physician.

I am responsible for providing snacks for my toddler and preschooler and all meals for my infants –2 years old.

I consent to the school commissioning an Integrated Pest Management program the first Friday of each month.

I am aware that there are video cameras recording and they are to be used at the administrator’s discretion. I acknowledge and agree that there will be recording of virtual meetings. I understand the late pick-up procedures and regulations.

I have read the entire enrollment, application, and contract forms, and I understand their contents. I have filled out all forms honestly and completely and agree to their terms and conditions.

**GUARANTEE OF PAYMENT:** I acknowledge that all tuition, fees, and deposits are non-refundable as set forth herein. In the event of any breach by the undersigned of the terms and conditions of this Contract, the undersigned agree (s) to pay all attorney’s fees, court costs, and/or collection agency fees or commissions. All parents/guardians must sign this Contract and agree to its terms and conditions.

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SIGNATURE OF PARENT/GUARDIAN	DATE	SIGNATURE OF PARENT/GUARDIAN	DATE
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