Enrollment Form 2025-26

Child's Name:_____ Date of Birth:_____

Age at Admission:_____ Date of Admission:_____

Child's Home Address:_____

Home Phone Number:_____

Primary Language:_____ Identifying Marks:_____

Eye Color:_____ Hair Color:_____ Skin Color:_____

Gender Identity:_____ Height:_____ Weight:_____

Parent/Guardian Information

Parent/Guardian (1) Name: _____

Relationship to Child:_____

What does your Child call you?_____

Home Address:_____

Reachable Phone Number:_____

Email Address:_____

Business Name:_____

Business Address:_____

Business Phone Number:_____

Hours at Work:_____

Parent/Guardian (2) Name:_____

Relationship to Child:_____

What does your Child call you?_____

Home Address:_____

Reachable Phone Number:_____

Email Address:_____

Business Name:_____

Business Address:_____

Business Phone Number:_____

Hours at Work:_____

Additional Information

Child's Physician:_____

Address:_____ Phone Number:_____

Allergies/Special Diets?_____

Individual Health Plan for a child with a chronic health condition? If yes, please attach._____

Copies of any custody agreements, court orders, and restraining orders pertaining to your child? *If yes, please attach*._____

Special limitations or concerns? _____

_____

_____

_____

Transportation Plan:

My child will be arriving at school at: _____(time)

They will be brought to school by:_____(parent, grandparent, etc.)

They will be picked up at school by:_____(parent, grandparent, etc.)

_____ _____

Parent/Guardian Signature Date

Individual Health Care Plan Form

The plan must be renewed annually or when the child's condition changes.

Created by:
Maintained by:

__ Parent
__ Doctor or Licensed Practitioner
__ Program's Health Care Consultant
__ Other: _____

__ Director
__ Assistant Director
__ Child's Educator
__ Other: _____

Name of child: Date:
Any change to the child's Health Care Plan? **YES** (indicate changes below) **NO** (updated physician/parental signatures required)
Name of chronic health care condition:
Description of chronic health care condition:
Symptoms:
Medical treatment necessary while at the program:
Potential side effects of treatment:
Potential consequences if treatment is not administered:

I authorize the child's parent or program's healthcare consultant to train staff on this child's specific medical needs.

Name of Licensed Health Care Practitioner (please print)_____

Licensed Health Care Practitioner authorization_____Date_____

Parental/Guardian consent:_____Date_____

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____ and to secure necessary medical treatment for my child.

Child's Physician Name: _____
Address: _____
Phone Number: _____
Child's Allergies:_____
Chronic Health Conditions:_____

Emergency Contacts (*In order to be contacted*)
1. Name_____
Address_____
Relationship to child_____
Home Phone_____ Cell Phone_____
Do you give permission for your child to be released to this person? Yes___No___

2. Name_____
Address_____
Relationship to child_____
Home Phone_____ Cell Phone_____
Do you give permission for your child to be released to this person? Yes___ No___

3. Name_____
Address_____
Relationship to child_____
Home Phone_____ Cell Phone_____
Do you give permission for your child to be released to this person?Yes___ No___

The Taylor School and the Department of Early Education and Care require each child to have a current physical examination and immunization record on file before the first day of school. Forms can be obtained at your physician's office, or we can provide one. *Forms must be on file by the first day of school for your child to attend.*

By signing below, you verify that to the best of your knowledge, all the information on this enrollment form is accurate and complete.

_____ _____
Signature of Parent/Guardian *Date(valid for one year)*

Authorization for Medication 2025-26

No medication shall be given by Taylor School personnel without the signed permission of the parent or legal guardian(s). All prescription medication must be in the original container with the child's name, the physician's name, the medication name, and the medication directions written on the label.

Non-prescription medication brought in by a parent or legal guardian can only be dispensed if the parent or legal guardian has written authorization to do so. Sunscreen and first aid creams (antibiotic ointment) are considered non-prescription medicines.

Medication that has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child's Name: _____ Age: _____

Please sign here if we have your permission to administer ANY brand of DEET-free insect repellent and organic sunscreen.

_____

Parent/Guardian Signature

1. Medication Name: _____
   Amount to be given: _____
   Time to be given: _____

2. Medication Name:_____
   Amount to be given: _____
   Time to be given: _____

3. Medication Name: _____
   Amount to be given: _____
   Time to be given: _____

I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

_____ _____

Parent/Guardian Signature ***Date***

Discipline Policy 2025-26

The Montessori program nurtures self-discipline, which develops over a period of many years. The basis of discipline is respect: respect for oneself, for others, and for the environment. The adults and children in the prepared environment set limits for behavior based on the group's need for a safe and mutually respectful community.

If a student is having difficulty following the rules of the community, the response will be age-appropriate. Personal attention, distraction, substitution and/or calm removal from the situation are typical approaches. Many instances resolve themselves as the student, within the bounds of safety and common sense, experiences the logical consequences of his/her actions (for example, wiping up after throwing a paint can on the floor).

If a student disregards the rules of the classroom environment, the teacher will seek the underlying causes to help the student understand the inappropriateness of his/her actions and find a constructive alternative. If such behavior occurs repeatedly, the teacher may request the support of the director or another teacher to observe and offer consultation before contacting the parents for their support and cooperation.

To help support the child through behavioral situations, we give the child choices. We invite cooperation rather than demand by providing options, negotiating disputes, and using *Positive Language*. Often, a child needs to "pull back or start over." It is a *positive* interruption of an unwanted behavior or overexcited child. We strive to teach the child that the world doesn't end when he/she has stepped beyond the set limits or angered someone. Shaming a child does not help to develop a positive, healthy self. By being held accountable for their behaviors and communicating the why and how the child will develop lifelong skills.

The following are some general guidelines for the positive approach to discipline The Taylor School follows. We encourage and fully support this philosophy in school and home environments.

Allow freedom with order.
Limit choices and allow the child to choose within these limits
Hold the student to standard- he/she will rise to expectations
Think satisfaction and motivation vs. gratification and manipulation
We motivate internally and not through external rewards
To maintain strong, effective discipline, seek consistency and clarity
Catch children "doing something right"
Engage and interest the child
Involve and stimulate the child
Redirect the child from destructive and negative behavior
Let natural consequences flow from inappropriate behavior
Be respectful- through your treatment, demeanor and language you use with children

It is the policy of The Taylor School never to discipline a child physically, and it is always inappropriate to physically discipline a child on the school campus.

By signing below, I acknowledge that I have read, agreed with, and understood The Taylor School's discipline policy.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

Release Form
2025-26

Field Trip/Activities/Contact/Photo Release Form

I, _____, give permission for my child

_____, to participate in school-sponsored field trips during the 2025-26 school year. I understand that notification will be sent home before all planned field trips and that I may withdraw my permission for a planned trip if I so desire.

_____
Initials

I grant permission for my child to be included in school photographs taken at The Taylor School during academic activities and sponsored activities in connection with the school's publicity.

_____
Initials

I give TTS permission to share my contact information in the school directory, which will be distributed to parents of currently enrolled students. This information helps parents set up playdates, send birthday party announcements, and keep in touch with classmates. Contact information will include name, child's birthdate, parent's email and home address, and home/cell/work phone numbers, and it will be grouped by class.

_____
Initials

I have read, understood, and agreed with the statements above.

_____ _____
Parent/Guardian Signature **Date**

Parent Handbook Acknowledgment 2025-26

I (we), _____ and _____, have read, understand, and agree to abide by the information given in The Taylor School's Parent/Student Handbook. I (we) understand that the content may change or be updated by TTS.

_____

Signature Date

_____

Signature Date

Please initial each of the following, indicating you are aware of the policy.

_____ Drop-off for TTS is between **8:15 and 8:30**. Drop-off for The Annex is between **8:00 and 8:15**. I have read and understood the drop-off directions and will make every effort to be on time.

_____ If you cannot bring your child to school before 9 AM for reasons other than emergency situations, scheduled appointments, or other reasons previously communicated with your child's teacher, please call to find out when to bring your child to school. This is to avoid disruption to the morning learning and teaching cycle.

_____ Students must be fever and symptom-free for 24 hours without the help of any meds before they can return to school. There should be a 24-hour period before returning when being treated with antibiotics or antiviral medication.

_____ I am aware that each family is encouraged to volunteer throughout the school year to support The Taylor School community in a rich, meaningful way.

_____ I am aware that each family is encouraged to attend a minimum of 2 Parent Education nights throughout the year.

_____ I have turned in all Medical and Immunization forms. I understand my child cannot attend school with expired or missing forms.

_____ I have read the Nutrition and Allergy Policies and understand what foods are and are not acceptable for school.

_____ I am aware of the conference dates listed on the school calendar and that each teacher will hold one conference per family on the specified days.

_____ I understand that TTS reserves the right to hold any documents for students with outstanding balances.

_____ I understand that if I choose to withdraw my child at any point in the year, my balance will be due for the following month only. TTS reserves the right to fill the spot in the classroom.

Program Selection & Tuition Information 2025-26

- **Full-Day Preschool/Kindergarten (2.9-6 years)**
  Monday-Friday, 8:15 am – 3:15 pm
  $21,000 per academic year

- **Half-Day Preschool (2.9-4 years**)
  Monday-Friday, 8:15 am – 12:30 pm
  $14,500 per academic year

- **Full-Day Toddler at The Annex (18-33 months)**
  Monday-Friday, 8 am – 3 pm
  $21000 per academic year

- **Half-Day Toddler at The Annex (18-33 months**)
  Monday-Friday, 8:00 am – 12:15 pm
  $14,500 per academic year

- **Extended Day Program Preschool/Kindergarten (2.9-6 years)**
  Monday-Friday, 3:15 pm – 5:30 pm
  $7700 per academic year (this translates to $15/hour)

- **Half-time Extended Day Program Preschool/Kindergarten (2.9-6 years)**
  Monday-Friday, 3:15 pm – 4:30 pm
  $4500 per academic year (this translates to $15/hour)

- **Pizza Fridays**
  Pizza (nut, soy, and egg-free), veggies, and milk
  $200 per academic year

- **TTS Swims (Students 4+)**
  30-minute lesson, pupil transportation, towel, swim gear, and laundry service.
  $140 per month/4 sessions. *Enrollment is through a separate form.*

- Our family qualifies for one of the following: sibling, public service, military, or educator's discount. Please describe:_____.

We use Brightwheel Tuition Management. A deposit of one month's tuition is paid upon completion of your tuition agreement. Your deposit will be your last tuition installment. All costs are divided into automatic monthly payments, spread evenly across the remaining 9 months.

Child's Name:_____

Parent/Guardian's Name:_____

Parent/Guardian's Signature:_____