NOTE TO PARENTS:

NJ Department of Children and Families requires a contract package be completed for each child being enrolled and updated periodically. The package includes helpful information on our policies and procedures. Please complete, print, and return (do not email) the package with all ORIGINAL SIGNATURES, please.

# REGISTRATION CONTRACT FOR CHILDCARE

Childcare services will be provided by Liberty Montessori (THE PLACE FOR LEARNING, LLC - Provider)

**CHILD’S FULL NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**INTENDED ENROLLMENT DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TENTATIVE (Y) (N) PLEASE CIRCLE ONE.**

**WHY DO YOU NEED SERVICES NOW?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Parents (#1) or Legal Guardian (#1) ("Parent"):**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/WORK NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents (#2) or Legal Guardian (#2) ("Parent"):**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (**If different than above**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/WORK NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To provide child care for # \_\_\_ CHILD(REN)**: Name these below

**Child's Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nicknames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling’s Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there other children in the family? Y\_\_\_\_ N\_\_\_\_\_\_ If yes, please provide their names below:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Is the child party to a custody agreement? (Y) (N) Please circle one and attach copy is a sealed envelope marked CONFIDENTIAL FOR (CHILD/REN)’S NAME.

Were you referred? We love to thank folks that share good news about Liberty Montessori.

Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Parent(s) give(s) Liberty Montessori permission to care for the above noted child(ren) in accordance with this Agreement. In consideration of the mutual agreements and covenants contained in this agreement, the parties agree to the following:

**1. HOURS.** The Provider shall provide childcare services and the Parent(s) shall pay for such services as follows: [Chart]. The Parent(s) shall pay childcare fees based on the final approved schedule. Child care fees will not be adjusted for late arrival, early pickup, missed days, or any government-mandated closures: e.g., school closures, snow days, vacation days, sick days, absences, compulsory government-mandated closures based on unexpected communicable medical outbreaks, etc. The Provider shall provide childcare services and the Parent(s) shall pay for such services as follows:

Chart #1. HOURS & FEES

(For Provider: Enter specific Hours child (ren) will attend, Fees and Tuition)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| HOURS | MON | TUE | WED | THU | FRI | MONTHLY TUITION |
| TRANSITION SCHEDULE (max- 2 mos.) |  |  |  |  |  |  |
| SCHOOL DAY  (8:30 am -3 pm) |  |  |  |  |  |  |
| Early Drop Off  8:00am - 8:30am |  |  |  |  |  |  |
| Late Pick Up  3:00pm – 5:45pm |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| FEES  2020-2021 | APPLICATION  (ONE TIME) | NEW FAMILY  (1x if no breaks) | MATERIALS  (ANNUALLY) | MATERIALS INFANT SURCHARGE | ENROLLMENT  (ONE TIME) | FIRST MONTH TUITION |
| TOTAL FEES  (For office) | $50 | $250 | $ | $ | $ |  |

**2. FEES:**

**2.a. APPLICATION FEE:** The Parent(s) shall pay an application fee per child at the time when the agreement is signed. This fee is nonrefundable, nontransferable and may not be applied toward childcare fees.

**2.b. ENROLLMENT FEE:** The Parent(s) shall pay an enrollment fee per child equivalent to one-month (The targeted school day schedule) tuition (see section 1; chart 1). This fee is nonrefundable.

**2.c. MATERIALS AND ACTIVITY FEES:** Annual fee due payable each enrollment anniversary.

**2.d. NEW FAMILY REGISTRATION FEE:** One-time fee, unless family terminates, for new family enrollment.

**2.e. UNSCHEDULED CHILD CARE. Subject to availability of space and labor, in full accordance with New Jersey Department of Child Care Licensing, wherein Liberty Montessori will first accommodate Full-Time Agreements but will otherwise make every attempt to accommodate unscheduled need for** child care; fees for “Unscheduled” child care are payable at a rate(s) of $500.00 per week, OR $150.00 per day, OR $60.00 per hour. Liberty Montessori does not guarantee space shall be available and requires 48 hours’ notice for unscheduled childcare.

**2.f. OVERTIME FEES.** Liberty Montessori offers extended hours. In this contract these are listed as Early Drop Off and/or Late Pick Up. [CHART 1]. In the event, there is a need for overtime hours please consult with the Provider immediately to discuss and amend the contract. If the overtime need is temporary and preplanned it will be charged at 50% of the unplanned over time fees.

**2.g. UNPLANNED OVERTIME FEES**. If the Parent(s) do not preplan/prepay for overtime hours, overtime fees of $20.00 per 1-15-minute interval will be applied if the child(ren) is not picked up by the scheduled time. Overtime fees are due payable when the Parent(s) picks up the child(ren) and the Parent(s) agree to pay such fees using payment tender on file.

**3. TIMING AND METHOD OF TUITION PAYMENT**. Parents may access Tuition Express to coordinate payment plans to address the tuition obligation. Tuition Express provides monthly tuition payment options with services fees. Monthly tuition payments may be made by check or credit card. Payments made by check will incur a $1.00 per transaction service fee unless the tuition management service increases its fees. Payments made by credit or debit card will incur a 2.75% per transaction service fee unless the tuition management service increases its fees. Parents utilizing a monthly payment plan will furnish authorization for a check or credit card, e.g., Discover, MasterCard and Visa (NO AMERICAN EXPRESS) that will be used to charge the monthly tuition plus additional applicable processing fees. Parents agree to pay increases in transaction fees or pay the balance of the tuition or make alternate plans with the Provider. Parents agree to make tuition payments by or before the first day of each month and prior to the first day of the month services are provided. Parent(s) utilizing “unscheduled” services shall pay childcare fees in advance of the day of.

**3.a.** **Annual tuition payments.** Parents may pay their tuition in full to avoid tuition processing fees. Annual tuition payments may be made by check.

**3.b. LATE PAYMENTS**. Late or unprocessed tuition payments not paid in full within 24 hours will result in compounding late fees. The Parent(s) agrees to bear full responsibility for managing late fees and corresponding payments including a $10.00 per day late fee. If fees are not paid within 5 days, the child(ren) will not be allowed to attend the facility until payment is received in full. Unexpected fees, e.g., late fees, unscheduled drop off, will be paid by the child’s primary caretakers and the Provider reserves the right charge tender on file, if the parties have not made alternate arrangements within 48 hours of occurrence. If any payment obligations under this Agreement is not paid when due, the Parent(s) agrees to pay all costs of collection, including reasonable attorney fees, whether a lawsuit is commenced as part of the collection process or not.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Parent Signature)**

**4. SUSPENSION, EXPULSION AND TERMINATION POLICY.** We strive to maintain an environment which is the most conducive for the development of all our students. If aggressive behavior, e.g., biting continues after the remedial steps are implemented and the classroom environment continues to be disturbed due to the behavior of a child, Liberty Montessori reserves the right to suspend or disenroll such child. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Parent Signature & Date Required)**

In addition to aggressive behavior, grounds for disenrollment may include any one or more but are not limited to, the following:

-Failure to pay and/or continual late payments

-Extended absence with a failure to pay school fees

-Failure to complete all the required forms within 14 calendar days of written request

-Any misinformation contained in the child’s application or other records submitted to the school, or non-disclosure of information that may be material

-Lack of parent cooperation regarding school policies, e.g., food labeling, personal items, etc.

-Physical or verbal abuse of any person or property by parent or child

-Major behavioral problems of a child that persist despite repeated efforts at resolution

-Failure to transition in a reasonable amount of time (i.e., 3 to 4 weeks)

- Continuous disruption in the classroom by a child

-Inappropriate behavior by child or parent, including unbecoming language/gestures towards another child, parent, or staff

Notwithstanding the foregoing, the following circumstances shall be grounds for immediate expulsion of a child from the School:

-Potentially hazardous behavior by a child or parent.

If due to any of the foregoing, there is a cause for concern that a child will be expelled from the school, Liberty Montessori will communicate with the parent(s) by phone and/ or email in effort to arrive at reasonable resolution. If such concerns are not remediated and a decision is made to expel the student, the parent will be provided two-weeks of notice to make alternative childcare arrangements.

If a child is expelled by the school, and only under these conditions, Liberty Montessori shall only return the unused portion of that month’s tuition fees but not any other fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Parent Signature & Date Required)**

**5. COMMUNICATION BETWEEN PROVIDER AND PARENT.** The Provider will use phone, email, and other reasonable forms to communicate with Parent(s) to discuss areas of praise and areas of concern. It is expected that Parent(s) will extend similar courtesy to the Provider. Email messages shall be replied to within 2 business days. Telephone calls are not accepted during the school day for non-emergency matters.

**6. AGREEMENTS:** By signing the registration package, as the parent(s)/guardian(s) of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided in the Universal Health Record or a Care Plan for Children with Special Needs. Further, we, the parents/parties, agree and commit to pay the tuition fee for the entire term of the school year. Liberty Montessori relies on your decision to enroll your child at Liberty Montessori in determining the school’s enrollment, and staffing, and financial requirements for the school year.

With the exception of children enrolled in the Preschool 3-6 Preschool Montessori Program (see below), if your family experiences an unusual need for a student’s withdrawal; e.g., buying a home, renting a new apartment, relocation for work-related purposes, unanticipated loss of employment, etc., and with written proof of the unusual circumstance(s) together with corroborative documentation and no less than 60 days of written notice, Liberty Montessori will review the request for withdrawal and consider a request to terminate services.   Each request will be reviewed on a case-by-case basis by the Provider and does not guarantee automatic withdrawal.  Liberty Montessori reserves the right to make all final decisions for requests for withdrawal, in the sole discretion of the Provider.  (NOTE: The written request with 60 days of notice is required on the first day of each applicable month.  Requests not made within the 60 day notice requirement time frame shall be considered null and void ab initio, even if notice is provided to Liberty Montessori any day after the first day of the respective month.)  
  
If your request for withdrawal is for any other reason not described above, no portion of the tuition fees will be refunded, including requests for refunds due to absences, irregular attendance or attendance for partial months, absences due to illness, vacations, relocation, government-mandated closures, or closures based upon any unexpected communicable medical outbreaks which directly threaten or impact the safety and health of those attending Liberty Montessori (e.g., the COVID-19 pandemic).  If you withdraw your child for any reason whatsoever, you will still be responsible and held liable to pay full tuition for the entire school year, unless the term of your contract ends prior to the end of the school year.  The Parent(s) agree and understand that such requests are nonrefundable and requests for same are hereby forever barred.   

***FOR PRESCHOOL aka EARLY CHILDHOOD MONTESSORI aka BUTTERFLY PROGRAM ENROLLMENT:***

In agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Parent Signature & Date Required)**

Accordingly, no portion of the Registration Fee and Tuition and other fees will be refunded if you withdraw your child from the school, whether the withdrawal occurs before the commencement of the school year or during any term of the school year.  No portion of the tuition fees will be refunded for absences, irregular attendance or attendance for partial months, vacations, relocation, government-mandated closures, closures based upon any unexpected communicable medical outbreaks which directly threaten or impact the safety and health of those attending Liberty Montessori (e.g., the COVID-19 pandemic).  If you withdraw your child for any reason whatsoever, you will still be responsible and held liable to pay full tuition for the entire school year, unless the term of your contract ends prior to the end of the school year.  The Parent(s) agree and understand that such requests are nonrefundable and nontransferable and requests for same are hereby forever barred.

**7. AUTHORITY TO PICK UP CHILD *(OTHER THAN PARENTS)*. *WE NEED A STATE OR FEDERAL ISSUED PHOTO ID FOR EACH PERSON LISTED AT LEAST ONE WEEK PRIOR TO PICK UP DATE.*** The following person(s) has authority to pick up the child(ren):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Telephone | Email | Relationship to the Child(ren) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

**7a.** The Parent(s) shall inform Liberty Montessori one week in advance that someone other than the Parent(s) or person(s) listed above will pick up the child(ren. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Signature & Date Required)**

**8. EMERGENCY CONTACTS.** In case of an emergency, Liberty Montessori will first try to reach the Parent(s). If the Parent(s) cannot be reached, Liberty Montessori will then contact the following person(s) in the order listed below:

**EMERGENCY CONTACT #1 (Other than parents)**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT #2** (**Other than parents**)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. MEDICAL TREATMENT.** If the child(ren) becomes ill and / OR requires immediate medical attention, Liberty Montessori will follow the following emergency plan:

In case of a medical emergency, Liberty Montessori shall provide or otherwise secure the necessary emergency first aid care for the child(ren), including but not limited to contacting 911 to have the child transported to the nearest emergency care provider. The Parent(s) agrees to pay all costs and expenses incurred in connection with any medical care provided to the child(ren), including the cost of transportation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Signature & Date Required)**

**9.a. EMERGENCY MEDICAL AUTHORIZATION FOR TREATMENT.** In the event of an emergency health condition, Liberty Montessori will contact emergency response (911), and then reach the Parent(s). If the Parent(s) cannot accompany the child(ren), a representative from Liberty Montessori will accompany the child(ren) to receive the required medical attention, and then contact the Parent(s). The Parent(s) is required to make all reasonable effort to travel to the emergency site immediately (and arrive within 1 hour) upon receiving notice. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Signature & Date Required)**

As the parent(s)/ legal guardian(s) of the above-named child, I (we) attest that the information above is correct. I (we) authorize the childcare center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified. With signature below, the Parent(s) authorize Liberty Montessori to implement emergency medical treatment, in accordance with this plan, and to provide information concerning the child(ren)’s health condition to the emergency care provider or representative with the following medical information:

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Note: In an extreme emergency, all efforts will be made to adhere to the stated preferences but ultimately the best interest of the child will dictate the provisions of required treatment.)

Insurance Company/HMO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber’s Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication My Child Is Taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Special Conditions, Disabilities, Medical / Physical Restrictions, Medical Information for Emergency Situations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Copy of front and back of medical insurance card provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Signature & Date Required)**

**10. SICK CHILD POLICY.** If the child(ren) exhibits any of the following symptoms (see list below), the child(ren) shall not be permitted to attend the child care facility until the symptoms are no longer exhibited AND the Parent(s) has obtained a written statement from the child's physician stating that the child is not contagious. The final decision as to whether a child will be admitted to the childcare facility will be made in the sole discretion of the Provider.

a. Fever depends on child's behavior (but generally 101 degrees F)

b. Persistent diarrhea (2 consecutive occurrences OR 1 occurrence following a sick day)

c. Continuous coughing

d. Irregular breathing

e. Unusual rashes

f. Vomiting or Earache

g. Yellowish color to the eyes or skin

h. Swallowing difficulty

i. Discharge from eyes or ears

j. Lice or Bed Bugs

k. Communicable diseases

**10.a. IN-SCHOOL SICK CHILD PROCEDURES.** If the child(ren) exhibits any of these symptoms while present at the childcare facility, the Parent(s) will be notified and shall be required to immediately remove the child(ren). The child(ren) may be isolated from the other children at the childcare facility until the Parent(s) arrives and has a one-hour window to do so. The Parent(s) shall be responsible to arrange for alternate care if the child(ren) is unable to attend as provided in this Agreement. Childcare fees will not be adjusted for the sick days child is not in attendance. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Signature & Date Required)**

**10.b. ILLNESS, ACCIDENT, INJURY REPORTS AND PROCEDURES.** Liberty Montessori completes a written report when a child is observed experiencing an accident, injury, or illness on school property. The report is completed in the classroom and brought to the Director or her designee, who shall call the parent/guardian to advise of the same.

**10.c. NOTIFICATION OF CONTAGIOUS DISEASES.** Liberty Montessori agrees to notify the Parent(s) of potentially impacted children of any contagious disease(s), when 1). the Provider has knowledge of such disease(s); 2). child(ren) may have been directly exposed while attending the childcare facility classroom; 3). And within a reasonable period after being advised of the incident. The Parent(s) agrees to inform Liberty Montessori of any illness or problem of the child(ren) that might affect other children at the childcare facility.

1**0.d. WAIVER OF REQUEST FOR REFUND BASED UPON ILLNESS**. The Parent(s) agree and understand that in the event their child(ren) become ill at any time during the school year/term, Parent(s) agrees that no childcare fees will be adjusted nor refunded.  The Parent(s) agree and understand that such requests are nonrefundable and nontransferable and requests for same are hereby forever barred.   
**11. VACCINATIONS AND MEDICAL HISTORY.** The Parent(s) agrees to provide an updated medical report e.g.; Universal Health Form and IMM8 describing the child(ren)'s personal medical history Liberty Montessori prior to the child(ren)'s first day of care, and thereafter, within one business day after having updated immunizations. This report shall minimally include but not limited to an updated list of vaccinations that have been provided to the child(ren), allergies, and the need for special accommodations. This report shall be updated annually in August of each year and shall include evidence of the child(ren) having received a flu vaccine each calendar year.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Signature & Date Required)**

**12. FOOD ITEMS SUPPLIED BY PARENT(S) MUST BE LABELED WITH CHILD’S NAME. PARENTS WILL ALSO DATE FOOD CONTAINERS. Food (as needed breakfast, lunch and 2 snacks – NO NUTS), milk, water (*PLEASE DO NOT BRING JUICE BOXES OR CANDY*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Signature & Date Required)**

**12.a.** The Parent(s) shall consistently provide the following items to Liberty Montessori labeled for the benefit of their child(ren) daily, weekly, or monthly; **wipes, diapers or pullups (for infants, little toddlers and not yet potty-trained toddlers) regularly, two complete changes of clothes, two emergency kits in a SMALL CLEAR ZIPLOCK or FABRIC recyclable labeled and dated bags, other. If a parent fails to provide these items within 2 days of being asked, Liberty Montessori will purchase the needed items with agreement from parents (indicated with initial and date on section 12a) that parents will have the related costs billed to tender on file.** provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Signature & Date Required)**

In addition, Liberty Montessori may request that the Parent(s) supply other specific items for the benefit of the child(ren) from time to time. NOTE: The child’s materials will be provided to the Provider in a labeled tote carrying bag that will be brought and removed from the school daily.

**13. ITEMS SUPPLIED BY LIBERTY MONTESSORI.** Liberty Montessori shall provide educational items; toys, books, games; and trained professionals who will teach, care for and nurture children.

**14. SUBSTITUTE CHILD CARE.** If Liberty Montessori is unable to provide childcare services due to reasons beyond its reasonable control, Liberty Montessori has no obligation to arrange for a substitute childcare provider. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Signature & Date Required)**

**15. HOLIDAYS, SCHOOL CLOSURES AND PROFESSIONAL DEVELOPMENT DAYS.** Liberty Montessori will not provide childcare and shall be closed on the following days: **New Year's Day, Martin Luther King Jr. Day, President’s Day, AMS Professional Development (March – 2 Day Conference,) Passover/Good Friday, Memorial Day, Independence Day, August Staff Vacations, Labor Day, Columbus Day, Veteran’s Day, half day before Thanksgiving, Thanksgiving Day, Day after Thanksgiving, half day before Christmas break, Christmas Day and following one-week December Staff Vacation**.

**15.a. TUITION DURING SCHOOL CLOSURES.** Tuition and related childcare fees will not be reduced for school closures and other observed days during which Liberty Montessori’s facility is closed. The Parent(s) is responsible for arranging for alternate childcare for closings when the Provider is attending New Jersey State mandates off-facility training classes and for emergency closings due to severe weather or other natural disasters. The childcare fees will not be adjusted for such closings. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Signature & Date Required)**

**15.b. SNOW DAYS.** Liberty Montessori remains open and uses as its guide the best interests of the children and staff, as well as City of Bayonne and / or Jersey City Boards of Education weather-related or safety closures, New Jersey’s Office of the Governor statements concerning State of Emergency. When New Jersey calls a State of Emergency for Hudson County, the school will close.

**15.b. POSSIBLE CLOSURES DUE TO PORT LIBERTE’S WATER SHUTDOWN**

The Port Liberte Condo Association I designate “free” shut down water days.  These days may be used by the Association or residents for the purposes of addressing plumbing needs.  If Liberty Montessori is notified that the water is being shut down, we cannot open the school. We hope such notices are provided to us well in advance, and in turn, we will advise parents.  Please be aware that for the current academic year the dates will occur in November 20XX, March 20XX; and, June 20XX.  There are no refunds or credits given for such closures. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Signature & Date Required)**

**15.c. GOVERNMENTALLY MANDATED CLOSURES AND CLOSURES BASED UPON MEDICAL EPIDEMICS/PANDEMICS COMMUNICABLE BY INFECTION**Liberty Montessori shall comply with all government-mandated closures, including, but not limited to, closures based upon an unexpected infectious medical outbreak which directly threatens or impacts the safety and health of those attending Liberty Montessori (e.g., the COVID-19 pandemic).  Liberty Montessori further reserves the right to impose its own closure(s), which may not be required by localized or State government, when it is deemed medically necessary to protect the health, safety and welfare of all individuals attending Liberty Montessori, with reasonable  notice to the Parent(s).  In such event, childcare fees will not be adjusted nor refunded for such closings.  The Parent(s) agree and understand that such requests are nonrefundable and nontransferable and requests for same are hereby forever barred.   
**16. VACATIONS.** When and where possible, Parent(s) shall provide Liberty Montessori with 60 days’ advance written notice of expected family vacations. **There are no reductions in tuition fees for vacations**. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (INITIAL / DATE).**

**17. MODIFICATION OF TERMS.** Liberty Montessori shall be entitled to change any of the terms in this agreement, including but not limited to fees, by providing the Parent(s) with 30 days’ notice of such changes.

**18. DAMAGE TO PROPERTY.** Children are expected to treat all property located at the facility with respect, including but not limited to toys and furniture. The Parent(s) agrees to pay for the accidental or willful destruction of any property located at the facility, whether owned by Liberty Montessori or any other person, at the replacement cost, if such destruction was, in the sole opinion of Liberty Montessori, caused by the child.

**19. Staff/ Child Ratios and Grouping of Children.** Liberty Montessori is a childcare provider licensed by NJ Department of Children and Families. It provides guidance within state dictated ratio guidelines; e.g., under 18 months 1:4; 18 months up to 2.6 years 1:6; 2.6 months up to 4 1:10. These ratios change when there are mixed age groups and during rest or sleep time. While Liberty Montessori does not provide 1:1 ratio, it offers exceptional care and CCTV for parents to observe. Children requiring 1:1 support are not permitted to attend the school while they require 1:1 supervision that is best provided at home. For more information, please consult the ratios that are posted throughout the school and in the attachments. Parents who require additional support should consult with the Director who will try but is not required to accommodate. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Signature & Date Required)**

**20. Attorney Fees and Costs for Enforcement of Agreement**. If Parent(s) violate or otherwise fail to comply with any term of this Agreement, which would compel The School for Learning, LLC to file an application with the appropriate Court for contractual enforcement, and the school is successful in its application, Parent(s) hereby agree(s) that they shall be held solely liable for reasonable attorney fees and costs associated with such filing.  The reasonableness of attorney's fees shall be determined by the Court.

**21. CONSTRUCTION.** Words and phrases in this agreement shall be construed as in the singular or plural number, and as masculine, feminine, or neuter gender, according to the context.

**22. SEVERABILITY.** If any provision of this Agreement is found invalid, the parties agree to sever the invalid portion of the Agreement while the remainder of the Agreement remains valid and enforceable.

**23. BINDING EFFECT.** This Agreement shall be binding on and shall inure to the benefit of the parties and to the executors, personal representatives, heirs, and successors of the parties.

**24. AMENDMENT, MODIFICATION, AND WAIVER.** Except for changes initiated by the Provider as permitted in this Agreement, no amendment, modification, or waiver of any condition, provision, or term in this Agreement shall be valid or of any effect unless made in writing, signed by the parties and specifying with particularity the extent and nature of such amendment, modification, or waiver.

**25. MERGER.** Prior agreements made by the parties are superseded by this Agreement.

**26. GOVERNING LAW.** I understand that I am responsible for any and all account balances for services rendered in accordance with this agreement. This Agreement shall be construed and enforced in accordance with the laws of New Jersey.

**27. ADDENDUMS. S**ee attached addendums.

**NOTE: New Jersey Department of Children and Families requires that we update this form periodically and that parents sign and date the updated form(s).**

**By signing this Agreement, the undersigned represents that the undersigned has understood and agreed to the terms and conditions of this Agreement. Breach of this Agreement in any way by the Parent(s) may result in immediate termination of childcare services.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name of Parent/Guardian and sign) Date

Parent Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Print Name of Parent/Guardian and sign) Date

Parent Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Liberty Montessori Date

**TO BE PROVIDED TO PARENTS ON FIRST WEEK OF CHILD’S ATTENDANCE.**