

# The Country Kingdom

919 Texas Ave.  
League City, TX 77573  
281-332-0323  
August 1, 2007

NAME OF CHILD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

## MONTESSORI PRESCHOOL////////MONTESSORI PRESCHOOL WITH EXTENDED CARE 3 YEARS THRU 5 YEARS OLD Class Time: 8:30 - 11:30

3 Day Class Only MWF \$188.00 mth \_\_\_\_\_ 5 Day Class Only \$254.00 mth \_\_\_\_\_  
Note: Payments for students in morning classes only cannot be paid weekly.

### Class and Mid Day Program: 8:30 - 2:30

3 Day MWF \$253.00 mth \_\_\_\_\_ 5 Day \$312.00 mth \_\_\_\_\_  
Note: If paying weekly, you will be billed for the 5<sup>th</sup> week of months with 5 weeks

### Class and Extended Care

3 Day MWF & Care \$97.75wk/\$391.00 mth \_\_\_\_\_ 5 Day & Care \$137.50 wk/\$550.00mth \_\_\_\_\_  
Note: If paying weekly, you will be billed for the 5<sup>th</sup> week of months with 5 weeks

## INFANTS..CREEPERS..TODDLERS..AFTER SCHOOLERS

Infants 6 weeks thru 17 months.....\$162.25 week/\$649.00 month \_\_\_\_\_  
Creeper 18 months thru 24 months.....\$154.00 week/\$616.00 month \_\_\_\_\_

### Students 25 mths thru 36 mths

3 Day MWF Toddler Class & Care \$125.00 wk/\$500.00  
mth.....  
5 Day Toddler Class & Care \$151.25 wk/\$605.00  
mth.....

Public/ Private School Students Care.....\$66.00 week/\$264.00 month \_\_\_\_\_

Note: If paying weekly, you will be billed for the 5<sup>th</sup> week of months with 5 weeks  
.....Inservice Days will be an extra \$8.00/day. Holiday Breaks will be \$106.00/week.

>>TCK has permission to transport my child to/from the \_\_\_\_\_ Elementary School.

>>Time child will be in care: From: \_\_\_\_\_ to \_\_\_\_\_.

>> **METHOD OF PAYMENT:** Enrollment for Montessori Class only, is to be paid monthly, due on the 1st. Enrolled for extended care: Monthly (due on the 1st)\_\_\_\_\_/Bi Weekly(due on the 1st & 15th , & will //// Weekly (due on Mondays)\_\_\_\_\_. Include the 5th wk of mths w/5 wks)\_\_\_\_\_: & on Monday of 5th wk.)

Note: To withdraw your child, a month notice is required for all Montessori classes and a two week notice is required for all child care classes. You will be billed the month or two weeks for early withdrawal. Delinquent accounts will be subject to collection by a collection agency or by the courts.  
Registration will be on a first come basis without regard to race, color, or creed.

Annual Registration fee of \$50.00 per family must accompany this form. This fee is non-refundable. Families with 2 children enrolled in any 5 full day program: oldest child receives a 10% discount. Families with 3 or more children enrolled in any 5 full day program receives 10% on all.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Date registration paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Date to begin: \_\_\_\_\_

**The Country kingdom  
Montessori School & Child Care**

**Tuition/Fee Agreement**

Tuition, for students enrolled for Montessori Class only, is due on the 1<sup>st</sup> of each month. Montessori w/Care payments can be made in one of three ways. Full payment can be paid on the 1<sup>st</sup> of each month. Two installments, payable on the 1<sup>st</sup> and on the 15<sup>th</sup> of each month (note: months with 5 weeks-billing will include the extra fee for the 5th week). Payments can also be paid weekly, with the payment due on Mondays. Your first payment is due on your child's first day of enrollment. Payment can be made by cash, personal check, money order or cashier's check. A late fee of 10% will be added to Tuition balances not paid by the due date. Monthly accounts that are late, after 3 times, will be transferred over as a Weekly account. Bi-Weekly and Weekly accounts are late after 2 days. These accounts will be assessed a 10% late fee on balance due of each billing time. Returned checks will be surcharged a \$30.00 bank processing fee. Registration fee of \$50.00, per family, is required upon enrollment. This is an annual fee. Families with two or more children, enrolled full time, will receive a 10% discount on the oldest child. Families with 3 or more children, enrolled full time, will receive a 10% discount on all of the children. Discounts are based on full time, 5 days a week, enrollment. Please note that assorted fees are subject to change. All payments are non-refundable. Registration will be on a first come basis without regard to race, color or creed.

Should you want to change your payment option, please talk with the Director. You will need to sign a new Tuition Agreement.

Tuition Payment Options: Please check one

- \_\_\_\_\_ One payment per month due on the 1<sup>st</sup>.
- \_\_\_\_\_ Two payments per month due on the 1<sup>st</sup> and the 15<sup>th</sup>.
- \_\_\_\_\_ One payment each week due on Monday.

Withdrawal time notices: A one month written notice is required should your child be enrolled only in the Montessori Class. A fifteen day written notice is required for students enrolled our Montessori/Care program and Care only program. This notice must be given to the Director if a child is to withdraw from the school. Parents are responsible for each month's tuition, regardless of absences. The school's budget and payroll are based on full enrollment, therefore, compensation cannot be given for absences.

\_\_\_\_\_  
Signature - Parent/Guardian

\_\_\_\_\_  
Signature - Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# THE COUNTRY KINGDOM

## STUDENT HEALTH AND MEDICAL RECORD

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Please fill out this page completely, then take it to your physician or usual source of medical care (clinic, health center, etc.) for the examination or written statement that the student has been examined within the previous twelve (12) months.

The daily program of The Country Kingdom involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment. A midmorning snack is served, usually fruit juice and crackers.

Does this child have any physical condition (including existing illness, previous illness and injuries) that we should be aware of?

\_\_\_\_\_

Is this child subject to or have difficulty with any of the following?

_____ Asthma	_____ Diabetes	_____ Convulsions
_____ Fainting Spells	_____ Heart Trouble	_____ Seizures
_____ Allergies	_____ Digestion	_____ Ears, Eyes, Nose,
_____ Throat		

Other Describe \_\_\_\_\_

\_\_\_\_\_

Has this child been hospitalized for any reason in the past 12 months? \_\_\_\_\_

\_\_\_\_\_

Does this child require special attention, medication or routines that may have to be taken into consideration in planning for his time at The County Kingdom? \_\_\_\_\_

\_\_\_\_\_

In your opinion, is this child physically and emotionally able to participate in a program like the one described above? \_\_\_\_\_

The Country Kingdom will not be responsible for anything that may happen as a result of false or incomplete information given on this form.

**ALL INFORMATION MUST BE KEPT CURRENT AND ON FILE AT TCK**

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

Child's Name: \_\_\_\_\_ Birth date \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

	Date 1st Dose	Date 2nd Dose	Date 3rd Dose	Date 1st Booster	Date 2nd Booster
DtaP/DTP	_____	_____	_____	_____	_____
HEPATITIS A	_____	_____			
HEPATITIS B	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____
MMR	_____	_____			
IPV/OPV	_____	_____	_____	_____	_____
PREVNAR	_____	_____	_____	_____	_____
VARIVAX	_____	_____			

Has this child had chickenpox? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, Date: \_\_\_\_\_ (Required by State of TX)

**IMMUNIZATIONS ARE TO BE KEPT CURRENT AND ON FILE AT TCK**

This child was examined by me on \_\_\_\_\_ (date) and found to be free from all contagious and transmissible diseases and is physically able, with exceptions noted, to participate in the school program.

Physician's Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**BOTH SIDES MUST BE COMPLETED**

## FAMILY AND SOCIAL HISTORY

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother (or Guardian): \_\_\_\_\_ Age: \_\_\_\_\_

Father (or Guardian) : \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status of Parents:

Parents together: \_\_\_\_\_

Separated (how long?): \_\_\_\_\_ Divorced(how long?): \_\_\_\_\_

If child is adopted, age at adoption \_\_\_\_\_ Does child know about adoption? \_\_\_\_\_

Custody/visiting arrangements: \_\_\_\_\_

Stepmother? \_\_\_\_\_ Stepfather? \_\_\_\_\_

Brothers and Sisters of Child:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Other members of the household:(include relationship and age)

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If both parents are away from home during the day, please state arrangements for child's care when he is not at school.: \_\_\_\_\_

Does child have a room alone?: \_\_\_\_\_ If not, with whom? \_\_\_\_\_

Who has cared for child other than his parents?(state whether adults or teen-ager):

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Has child had group play experience? \_\_\_\_\_ Where?: \_\_\_\_\_

Does child have neighborhood playmates? \_\_\_\_\_

When and with whom does child watch TV? \_\_\_\_\_

DEVELOPMENTAL HISTORY OF CHILD (under 6 years of age).

Age at which child: Crawled \_\_\_\_\_ Sat alone \_\_\_\_\_ Walked \_\_\_\_\_

Named simple objects \_\_\_\_\_ Repeated short sentences \_\_\_\_\_

Slept through the night \_\_\_\_\_ Began toilet training \_\_\_\_\_

Word child uses for: Urination \_\_\_\_\_ Bowel movement \_\_\_\_\_

Usual time for B.M. \_\_\_\_\_

Does child dress self? \_\_\_\_\_ Undress self? \_\_\_\_\_

Is child's dominate side right or left? \_\_\_\_\_

What time does child usually eat breakfast? \_\_\_\_\_ lunch? \_\_\_\_\_ dinner? \_\_\_\_\_

Any dietary restrictions? \_\_\_\_\_

What time does child usually go to bed at night? \_\_\_\_\_ Awaken? \_\_\_\_\_

Does he sleep well? \_\_\_\_\_

What are child's favorite Indoor play activities? \_\_\_\_\_

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Outdoor play activities? \_\_\_\_\_