



Douglas County School District
Student Census
Registration Form

For Office use Only

Date of Enrollment: _____ Start Date: _____
 Student ID #: _____ Grade: _____ Room: _____
 Teacher/Counselor: _____ Track/Team: _____
 Session: AM PM Permit Code: _____ Bus #: _____

School: **DCS Montessori Charter** ▼
 Use Dropdown to Select School

*** PLEASE PRINT ***

2017-2018

Student Information

Legal Name from Birth Certificate _____
 Grade _____ Last _____ First _____ Middle (full) _____ Nickname _____
 Gender M F Date of Birth _____ Phone _____
 Residence Address _____ Cell _____
 City _____ State _____ Zip _____ Email _____

Race/Ethnicity

Notice to Parents and Students - Parents and students should be aware that if they choose not to answer the two-part question, school districts are required to identify an ethnicity and race on behalf of the student, based on several factors, including observation, in accordance with U.S. Department of Education and Colorado Department of Education Guidelines.

Part A. Is this student Hispanic / Latino? (choose only one)
 No. **NOT Hispanic**
 Yes. **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The above part of the question is about ethnicity, not race. No matter what you selected in Part A above, please provide an answer to Part B by marking one or more boxes below to indicate what you consider your child's race to be.

Part B. Which of the following groups describe the student's race? (choose one or more)
 American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 Black or African American - A person having origins in any of the black racial groups of Africa.
 Asian - A person having origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.
 Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa

Previous School

Has the student attended another Douglas County School District school? Y N
 If Yes, School _____ Grade _____ School Year _____

Last school attended outside the Douglas County School District:
 School _____ City _____ State _____ Grade _____

Is your child presently under an expulsion order from any other school district? Y N
 Is your child presently under consideration for expulsion? Y N
 Is your child presently involved in the Juvenile Justice system? Y N

ESL

What language did the student use when he/she first began to talk? _____
 What language(s) does the student speak / understand? _____
 Is a language other than English regularly used by the student's parents/guardians? Y N
 If Yes, please specify language: _____
 What language is primarily spoken in the home by the parent/guardian? _____
 Date most recently enrolled in US? _____ (This question is used only to determine if your child may be exempt from one administration of the reading/language arts State assessment and is not used for any other purpose.)

Special Services

Is your child currently on an Individual Educational Plan for Special Services? Y N
 Has your child received any previous testing, evaluations or services in any of the following areas?
 Learning Disabilities Counseling Gifted & Talented READ Plan
 Speech/Language Psychological Remedial Reading (Title 1)
 Physical Therapy Behavioral Difficulties 504 Services
 Occupational Therapy Hearing/Visual Impaired Other

1617 DCSD Reg Form 112415

Parent/Guardian Signature _____ Date _____



Douglas County School District

Household Information
Registration Form

For Office use Only

Student Name: Last First Middle
School: Grade: Student ID #:
Teacher/Counselor: Room:

PLEASE PRINT

Household Info

Residence Address
City State Zip
Household Telephone Unlisted? Y N

Parent / Guardian Info

Name Relationship to Student
Residence Address City State Zip
Mailing Address City State Zip
Phones: Home Work Cell
Pager Email Receive Mailings Y N
Does Student reside with? Parent Y N Legal Guardian Y N **Step-Parent Y N

Name Relationship to Student
Residence Address City State Zip
Mailing Address City State Zip
Phones: Home Work Cell
Pager Email Receive Mailings Y N
Does Student reside with? Parent Y N Legal Guardian Y N **Step-Parent Y N

Name Relationship to Student
Residence Address City State Zip
Mailing Address City State Zip
Phones: Home Work Cell
Pager Email Receive Mailings Y N
Does Student reside with? Parent Y N Legal Guardian Y N **Step-Parent Y N

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student.

Note: **Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.

Other Children Under Age 18 in the Home - Names MUST be from Birth Certificate

Table with 8 columns: First Name, Middle Name (full), Last Name, Date of Birth, Gender, Relation to Student, School Attending, County

1617 DCSD Reg Form 112415

Parent/Guardian Signature Date

DCS MONTESSORI CHARTER SCHOOL

311 CASTLE PINES PKWY, CASTLE PINES, CO 80108 PH 303.387.5625

PRESCHOOL / KINDERGARTEN / CHILD CARE TUITION AGREEMENT 2017-2018 SCHOOL YEAR

POLICIES and PROCEDURES - Both I and my child (named on page 2 of this document) agree to comply with all school policies and procedures outlined in the Douglas County Student Code of Conduct, the DCS Montessori Parent Handbook & Childcare Handbook.

TUITION – DCS Montessori [DCSM] charges an annual tuition for each program (not monthly tuition). I agree to pay tuition and fees for my child per the Fee Schedule. Extra charges may be incurred by my child for care or activities which are applicable. I understand my account must be current (paid to date) in order for me to enroll for future years. DCSM reserves the right to require payment in full for the academic school year at any time, or to require payment in the form of cash, money order or certified funds at any time.

REGISTRATION FEE - A registration fee (see Fee Schedule) is required upon acceptance for enrollment. This fee is non-refundable and non-transferable regardless of the reason for your enrollment change, withdrawal or cancellation.

CONTRACT TERMINATION / WITHDRAWAL / CANCELLATION – DCSM must receive written notice that I am cancelling this contract on or before July 30, 2017. Per this contract, DCSM will retain my Registration Fee; however, no additional tuition or fees will be charged. Notification must be emailed to admin@dcsmontessori.org with “Withdrawal” in the subject line.

If cancelling this contract on or after August 1, 2017, I may terminate this contract at any time by notifying DCSM in writing and paying a Contract Termination Fee (see Fee Schedule). DCSM will retain my Registration Fee, and all tuition must be paid up to the date of notification or last date of planned attendance, whichever is later. I understand I must email my notification to admin@dcsmontessori.org – with “Withdrawal” in the subject line.

If I wish to re-enroll after withdrawing, space is not guaranteed and I must re-apply, and upon enrollment I must pay a new registration fee and tuition applicable to new enrollees.

LATE CHARGES – Tuition is due on the 1st of the month, a late fee of \$25 per month will be charged when there is a balance due after the 5th of the month. The fee will be charged monthly until the entire balance due has been paid.

STATEMENTS – DCSM makes every effort to email reminders to parents prior to the tuition due dates; however, I agree I am responsible for making payments per this contract whether or not I receive an email. I agree to access my account information using the Campus [Parent] Portal.

PAYMENT METHODS – DCSM accepts cash, checks or money orders and online credit card payments.

RETURNED CHECKS - A \$30 non-sufficient funds fee will be charged for each check returned by the bank. If my check is returned by the bank, DCSM reserves the right to require all future payments to be made by money order, cash, or certified funds.

ACCOUNTS PAST DUE -If any tuition is more than 2 months past due, my child’s enrollment will be terminated in that program. DCSM will fill the vacancy if there is a waitlist. To re-enroll my child, I must re-apply. All account balances are required to be paid prior to re-enrolling. If my Kindergarten tuition is more than 2 months past due, my child will be permitted to attend only the morning portion of the Kindergarten program, and will be dismissed at 11:30am.

COLLECTION AGENCY– If my account becomes 2 months (or more) past due, I understand that DCSM may hire a Collection Agency to collect the funds I owe. I agree to pay any and all appropriate fees which the Collection Agency may charge DCSM for this service.

HOLIDAYS / IN-SERVICE DAYS / ABSENCES - Tuition is continuous throughout the year and guarantees a reservation for students at the School for the 10-month School Year designated on the School Calendar. No credit will be given for holidays or professional in-service days, vacations or student absences or illnesses. No credit/refund will be given if DCSM must close because of emergency or inclement weather.

TOILETING – All students attending DCSM School must be toilet trained. No diapers or pull-ups are allowed and children must be self-sufficient regarding their toileting practices.

REENROLLMENT - Registration at DCSM is on a School Year basis. Students will be guaranteed a reservation for the following school year, as long as parents are current on their accounts, enter into a new tuition agreement with DCSM for the next school year and pay all applicable fees according to school policy. For 1st grade and higher there is no tuition for the regular school day.

RESPONSIBILITY - I agree that I will be responsible for any loss, damage or destruction by my child of any DCSM property and for any damages for which DCSM becomes liable or chargeable because of my child’s actions.

CLASS SNACKS / OTHER ITEMS – for Preschool & Kindergarten, I will provide my child’s entire class a snack approximately 10 times each school year. I will also provide needed items for my child’s class which may include flowers, fruit for cutting, paper cups, etc.

PRESCHOOL ENROLLMENT AGE - Students must be a minimum of 3 years old to attend DCS Montessori.

FEE SCHEDULE

Our Payment Plan, requires tuition payments to be paid on the 1st of each month from August 2017 through May 2018.
Registration fees are non-refundable, non-transferable.

Please check all programs for which you are applying (please be aware space is limited in our child care programs – we will notify you if a program you select is fully enrolled):

- Preschool (3 and 4 year olds) Morning Class (Mondays – Fridays 8:30am – 11:30am) Registration Fee \$300**
Payment options: **\$4,800** Annually OR **\$480** Monthly on Payment Plan. Contract Termination Fee \$250.
- Kindergarten- Full Day (Mondays – Fridays 8:30am – 3:20pm) Registration Fee \$300**
Payment options: **\$5,000** Annually OR **\$500** Monthly on Payment Plan. Contract Termination Fee \$250.
- Before School Child Care (Preschool – 8th Grade 7am-8:10am) Registration Fee \$70**
Payment options: **\$1,320** Annually OR **\$132** Monthly on Payment Plan. Contract Termination Fee \$70
- Extended Care (Preschoolers from 11:30am–3:20pm) Registration Fee \$170**
Payment options: **\$3,500** Annually OR **\$350** Monthly on Payment Plan. Contract Termination Fee \$170
- After School Child Care (Preschool – 8th Grade 3:20pm-6pm) Registration Fee \$130**
Payment options: **\$2,800** Annually OR **\$280** Monthly on Payment Plan. Contract Termination Fee \$130

Key Fobs: ALL Before and After Care Parents must use a Key Fob for entry to the building. We may be outside when you arrive to pick up your child, and you need to be able to let yourself in. We charge a deposit of \$13 for each Key Fob. You will be provided one and your account will be charged accordingly if our staff has to buzz you in excess of 3 times per school year.

Late Pick Up Fee: There is a \$1.00 per student fee for each minute a student is left at the school after 11:45 (for Preschoolers) or 3:45pm (for all students). For early dismissals, the fee will be charged 20 minutes after the announced dismissal time. This fee is charged REGARDLESS of the reason for late pick up. There is a different fee for After Care students.

Class Fees: This annual fee will be added to your account each year. We estimate the fees will be: Primary \$65; Lower Elementary \$135; Upper Elementary \$200; Middle School \$200. These fees are mandatory and the amounts are subject to change.

Technology Fee: This annual fee will be added to your account each year. For 1st & 2nd \$25; for 3rd – 8th \$50

Music Fee: This annual fee will be added to your account each year: For 4th graders, \$15; for 5th graders \$10

Library/Specials Fee: This annual fee will be added to your account each year: For K -8th graders \$5

6th, 7th & 8th Grade Trip Fees: These mandatory fees will be added to your account each year for required trips for these students. Visit our “Guide to Fees” page on our website for estimated costs.

Child’s Name

Start Date

- Grade for the 2017-2018 school year: Pre 3 (3 years old on first day of school and prior to 10/1)
 Pre 4 (4 years old on 10/1) Kindergarten (5 years old on 10/1)
 1st (6 years old on 10/1) 2nd 3rd 4th 5th 6th 7th 8th

I have read and agree to the Tuition Agreement policies described on pages 1 and 2 of this document.

Parent’s Signature

Date

Parent’s Signature

Date

*****This form is required IN ADDITION to your child's immunization record*****

Dear Parents,

We are required by the Colorado Department of Human Services to have a statement of health status for each child that is enrolled in the Primary and Child Care programs.

For students who are ages 3 – 6, we must have this form renewed each year.

Please schedule an appointment with your child's physician and take this form with you. Make sure the Doctor signs the attached form and provides the date of the most recent exam.

If your child has had a physical within the timeframe stated above, your doctor may already have a form that can be submitted.

The required verification can be faxed to our school at **303-387-5626**. If your Dr. is going to fax verification, please follow-up with us. It is ultimately your responsibility to get this information to us.

Failure to submit the required verification within 30 days of start date of school OR within 30 days of the previous form expiring, will result in being excluded or dis-enrolled from Preschool or Kindergarten programs.

As always, if you have any questions, please contact me at **303-387-5628**.

Becca Schrank
Health Assistant, DCS Montessori Charter School
Email: Health@dcsmontessori.org

*****This form is required IN ADDITION to your child's immunization record*****

CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT
IN A PRESCHOOL AND/OR CHILD CARE FACILITY

The preschool and/or child care facility must obtain for every child who enrolls in child care programs a signed and dated statement of the child's abilities and/or limitations to participate in a regularly scheduled preschool and/or child care program.

This report is to be filled out by a licensed physician or other health care professional that has seen the child in the last twelve months.

Name of Facility: DCS Montessori Charter School Type of Facility: Preschool and Child Care Center
Address of School: 311 Castle Pines Parkway, Castle Pines, Colorado 80108
Telephone number: 303-387-5625 Fax number: 303-387-5626

Child's Name: _____ Sex _____ Date of Birth _____

Date of my most recent examination of the child: _____

Identified Health Conditions/Chronic Health Problems: _____

Medications prescribed: _____

Prescribed routine: _____

Special Diet Restrictions: _____

Developmental Concerns: _____

Describe any physical condition requiring the facility's special attention: _____

Additional Comments: _____

Signature of licensed physician or other health care provider

Date

Name of Physician / Health Care Professional: _____

Address: _____

Phone Number: _____