



# CHILDREN'S HOUSE MONTESSORI

*Where learning happens naturally*

3520 West Main Street • Rapid City, SD 57702 • 605-341-0824 (Elementary)  
4021 Range Road • Rapid City, SD 57702 • 605-791-0466 (Primary/Kindergarten)

## Before School Care 2022-2023 Registration Form

Select one of the following options below:

\_\_\_ My child/ren will attend the **Before School Care Program** arriving at approximately \_\_\_ a.m. I have circled the days I plan to use Before School Care.

Monday      Tuesday      Wednesday      Thursday      Friday      Every Day

\_\_\_ I would like to register my child/ren but I will only use the **Before School Care Program** occasionally.

Child's Name \_\_\_\_\_ Class/Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Class/Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Class/Grade \_\_\_\_\_

### Enrollment Agreement

#### Program Regulations & Policies

1. I understand the hours of operation for the **CHM Before School Care Program** are from 7:30 am – 8:30 am.
2. I understand that the **CHM Before School Care Program** is open according to the official school calendar and is closed during the official school holidays, professional development days, inclement weather or other school closures.
3. I understand that services will be billed monthly at a rate of \$4.00 per half hour increments, unless the child has a sibling who attends school earlier at which point Before School Care is a free service. I understand that charges will be figured on a monthly basis and bills will be distributed on or near the 25<sup>th</sup> of each month.
4. I understand that payment must be made to CHM no later than the 1<sup>st</sup> of the month subsequent to when bills have been issued. Payment for May will be billed on the 17<sup>th</sup> and payment must be received no later than May 19<sup>th</sup>.
5. I understand that in the event of an accident or illness concerning my child/ren whenever he/she is under the supervision of the staff, I will be notified immediately by telephone.
6. I understand that if my child/ren is involved in an accident requiring immediate medical attention, the CHM staff will obtain emergency medical care (911). My signature below authorizes written consent to the **CHM Before School Care Program** to obtain emergency medical care for my child/ren. In an emergency, the CHM Program Supervisor will arrange for transportation (ambulance) of my child/ren to the hospital and I will be notified immediately by telephone.
7. I understand that each morning my child/ren attends the program, I will accompany him/her into the classroom area used for the program and I will sign the daily attendance sheet.
8. I understand that I will not leave my child unattended in the classroom or outside the school building.
9. I understand that I am welcome to visit the **Before School Care Program** at any time.

I have read the **CHM Before School Care Program** policies and agree to abide by the policies and guidelines.

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_



## CHM Before School Care Program Guidelines

### Before School Arrival:

Students may arrive at CHM any time or after 7:30 am any morning of the week that school is in session. You will accompany your child into the classroom, sign their name in the Before School Care binder and ensure that a staff member is in the room prior to departure.

### Breakfast Snack Ideas:

Children's nutritional needs vary considerably so it is understandable and acceptable for parents/guardians to include breakfast or supplementary breakfast snacks for your child. Some breakfast snack suggestions include cereal, milk, fruit, or granola bar. An area will be made available for children to eat their breakfast snack. They will put their things away no later than 8:10 a.m.

Please note that CHM will not offer snacks and cannot store breakfast items for participants in the **CHM Before School Care Program**. You must provide their breakfast snack on those days the child requests one or requires one.

### Activities:

Children participating in the **CHM Before School Care Program** will be assisting the staff as they prepare the room for each day. They may be helping set out slippers, preparing snack, washing tables, etc. Other activities will also be made available for the early morning children.

Please remember to leave your child's toys at home. We will always maintain an environment that supports the Montessori philosophy – even outside our regular classroom hours.

### Sign-in Procedures:

The parent/guardian bringing the child into the **CHM Before School Care Program** is required to **sign in on their child's individual daily registration form**. For safety reasons, please use your first and last name and the child's full name and exact time of arrival.

### School Closures

The **CHM Before School Care Program** will not be open on days when CHM is closed. All school closures will follow the official school calendar.

The **CHM Before School Care Program** will not be open if school starts late or is cancelled due to inclement weather. CHM follows the Rapid City Public Schools for closures and late starts, but occasionally has its own school closures. You will be notified immediately.