

Boulder Waldorf Kindergarten

4072 19th Street, Boulder CO 80304
office@boulderwaldorf.com

303-541-0671
fax 303-362-8751

2012-2013 Toddler Application *Ages 12 - 36 months*

Monthly Tuition - 12 Month Program

	3-Day Options	4-Day Options	5-Day Options
Morning Toddler 8:30-12:30	\$740/month	\$920/month	\$1,160/month
Extended pm	At 2½ years old, potty trained toddlers may join the Kindergarten afternoon programs		

Yearly Materials & Equipment Fees

3-Day \$450/yr	4-Day \$550/yr	5-Day \$650/yr
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Sibling Tuition Discounts

Youngest child – Full Tuition

2nd Child – 10% Discount

3rd Child – 25% Discount

When a family joins our school, we consider it to be a commitment for the entire school year for Boulder Waldorf Kindergarten (BWK), and for the parents and the child.

A one-time \$50 Interview Fee is due with submission of application, prior to interview.

A one-time \$100 Enrollment Fee is due upon acceptance. Materials & Equipment Fees are due upon acceptance for new families and due February 15th for returning families.

Please note that all fees are non-refundable. Tuition is due in 12 monthly installments, beginning August 1, 2012 and ending on July 1, 2013. A refundable work hours deposit of \$150 is due annually at the beginning of the school year.

Please note that full monthly tuition is due each month, even in the event of child absences due to illness or travel and during school vacation closures.

Boulder Waldorf Kindergarten

Toddler Enrollment Application

Today's Date _____

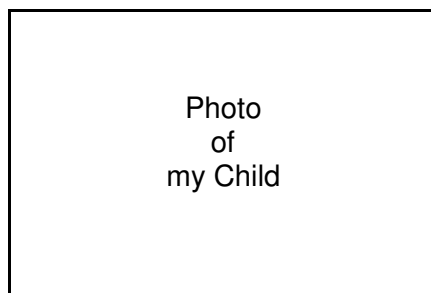
A one-time Interview Fee of \$50 is due with my application.

A one-time Enrollment Fee of \$100, plus yearly Materials & Equipment Fees, are due at time of acceptance to hold my child's spot. **All fees are non-refundable.**

My child will attend ____ (3, 4 or 5) days.

Please circle 1st choice days: M Tu W Th F

Please circle 2nd choice days: M Tu W Th F



For Office Use:

Receive date _____

Teacher _____

Interview date _____

1st day attending _____

Last day attending _____

Child's Name _____

Child's Birthday _____ Gender: M F

Mother's Name _____ Father's Name _____

Telephone _____ Telephone _____

Email _____ Email _____

Child's Address _____ City, State, Zip _____

if different from Child's address:

Mom's Address _____ City, State, Zip _____

Dad's Address _____ City, State, Zip _____

Our email addresses should not appear in the BWK parent directory.

Our phone numbers should not appear in the BWK parent directory.

Mother's Employer _____ Father's Employer _____

Work Address _____ Work Address _____

Work Phone _____ Work Phone _____

Siblings: Name	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child been in regular out-of-home care before (include where and length of time)?

Has your child had a regular in-home caretaker who is not a parent?

How did you hear about this program?

Please describe your child's daily rhythm from the time they wake up until they go to bed:

Does your child watch T.V., movies, or videos? How often? Do you watch with them?

What types of family activities do you enjoy together?

Please describe your child's personality (including strengths and areas you'd like to see strengthened):

What types of foods does your child like to eat? Any allergies? Please explain:

What illnesses has your child had, particularly including measles, mumps, diphtheria, rubella, shigella, hepatitis(type?), meningitis(type?), salmonella, chicken pox, or giardia?

Please describe the pregnancy and birth (i.e. c-section, complications during pregnancy and birth, adoption, etc):

At what age did your child:

Crawl _____ Sit up _____ Walk _____ Grow 1st tooth _____ Say 1st words _____

Please describe how your child plays alone:

Please describe how your child plays with other children:

Have you attended a BWK Parent Tour? Yes, date: _____ No
(See www.boulderwaldorf.com for upcoming Tour dates and sign-up information.)

Anything else you would like to add? (please add paper if you need to)

Boulder Waldorf Kindergarten

Toddler Contract For School Year 2012-2013

Child's Name _____ Birth Date _____

Toddler Program

	3-Day	4-Day	5-Day
Morning 8:30-12:30	\$740/mon	\$920/mon	\$1,160/mon
Extended Aftercare	At 2½ years old, toddlers may join the Kindergarten afternoon programs		

Materials & Equipment Fees

3-Day	4-Day	5-Day
\$450/yr	\$550/yr	\$650/yr

My child will attend _____ (3, 4 or 5) days a week.

My schedule preference is: M _____ Tu _____ W _____ Th _____ F _____

(Indicate pick-up time on each day: 12:30, or optionally, Extended if my child is over 2½)

I agree to commit to the following tuition for the September 2012 - August 2013 school year:

I understand that I am responsible for 12 monthly payments of \$_____ due August 1, 2012 - July 1, 2013.

I will pay a one-time Interview Fee of \$50 due with submission of application, prior to interview. (For new students only.)

I will pay a one-time Enrollment Fee of \$100 due upon acceptance. (For new students only.)

I will pay an annual Materials & Equipment Fee of \$_____, due upon acceptance for new families, due February 15th for returning families.

I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE. I understand that my child's space in the program is not secured until all enrollment forms have been submitted and all fees have been paid.

To help keep tuition increases to a minimum and to nurture the school community, Boulder Waldorf Kindergarten (BWK) asks parents to participate with BWK work days and school projects. Children love to see their parents at their school! At the beginning of each school year, I will pay a \$150 deposit for 10 parent volunteer work hours per family. At the end of the June school year all or part of this deposit will be refunded to me, based on the number of hours of my family's participation.

I hereby grant to BWK the non-exclusive use of any photograph or video taken of my Child, and of any artwork created by my Child while at BWK.

I am aware that BWK DOES NOT FOLLOW THE BOULDER VALLEY PUBLIC SCHOOL CALENDAR BUT RATHER THE WALDORF SCHOOL CALENDAR WHICH INCLUDES THE FOLLOWING SCHOOL CLOSURES:

- 1 week Thanksgiving break: Parent-Teacher Conferences and Thanksgiving holiday
- 2 week December Winter Break
- 1 week February break: Waldorf Teachers Conference Week
- 2 week Spring Break

_____ Parent initials

Version 2/12/2012

I understand that my invoice will be emailed to me approximately a week prior to the 1st day of each month and that payment is due on the 1st of the month, and **MUST BE RECEIVED BY BWK NO LATER THAN THE 10TH OF THE MONTH**. I understand that the above are my payment obligations and that I receive invoices as a courtesy. If BWK has not received my payment by the 10th of the month then I agree to pay a late fee of 10% of my total balance due, or \$25, whichever is greater. I also agree to notify BWK in writing or by email when my payment will be late. When BWK receives my notification of lateness, BWK may under some circumstances decide to delay my late fee. I also agree to pay a \$25 service charge if my check is returned by the bank for not sufficient funds. I UNDERSTAND THAT MY FULL MONTHLY PAYMENT IS DUE EACH MONTH EVEN IN CASES OF ABSENCE DUE TO ILLNESS OR TRAVEL, AND THAT MY CHILD MAY NOT SWITCH DAYS, EVEN IN THE EVENT OF ABSENCE DUE TO ILLNESS OR TRAVEL. If late tuition is not paid by the end of the month, I may be notified by BWK that my Child cannot attend BWK until my balance is paid in full. When my account is 30 days late or more, based on invoice date, my outstanding balance shall accrue interest at the rate of 2% per month, from the invoice date, until paid in full. I agree to pay all costs of collection for amounts due under this contract including but not limited to attorney's fees and court costs.

EARLY WITHDRAWAL AND SCHEDULE CHANGES: BWK invests a considerable amount of money and resources when enrolling a child in this program. This includes but is not limited to BWK teachers and staff hired for the school year. Furthermore BWK may forego opportunities to enroll other students due to the contracted schedule of my Child. BWK appreciates each family's commitment for the entire school year. I understand that 90 days written notice is required if I choose, any time after signing this contract, to withdraw my Child from this program before the end of the school year. I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING TUITION AT THE REGULAR TUITION LEVEL, AS SPECIFIED IN THIS CONTRACT, FOR 3 MONTHLY PAYMENTS FOLLOWING THE DATE OF MY WRITTEN NOTICE FOR WITHDRAWAL. In this case I will be invoiced by BWK for 3 monthly payments on the 1st of the month following the date of my written notice. I understand that 60 days written notice is required if I wish, any time after signing this contract, to change my Child's schedule resulting in a decrease in tuition. I understand that I am responsible for paying at the original tuition level, as specified in this contract, for 2 monthly payments beginning with the 1st of the month following the date of my written notice for schedule change. Fees will not be reduced or refunded due to early withdrawal or schedule changes. During my child's first year at BWK either party has the right to terminate this contract within the first 30 days of my child's first day at BWK. Note that fees are non-refundable, if this contract is terminated.

I understand that if I pick up my child after 12:40pm (or after 3:40pm on the extended aftercare schedule) I will be charged \$1.00 per MINUTE for late penalty which will be given directly to the teacher who stays late to compensate for her or his inconvenience.

I the undersigned Child and Parent or Guardian hereby agree to waive, release, discharge, indemnify and hold harmless BWK from any and all claims for damages, death, personal injury or property damage which we may have or may accrue as a result of our participation in BWK's programs and related activities and events, even if they accrue as a result of negligence or carelessness on the part of BWK or its agents, officers, employees or designees. By signing this Kindergarten Contract I am consenting to my Child's participation in BWK's programs and related activities, and I acknowledge that all risks, whether known or unknown, are expressly assumed by me. I also understand that BWK and its agents, officers, employees and designees are not responsible for damages to or theft of personal property.

In the event that I or my Child, or my agents, employees or designees, through negligence or an intentional act, cause injuries, damages, or losses to BWK, to BWK personnel, students, parents, teachers, administrators or third parties, the undersigned agrees to indemnify BWK against those losses including but not limited to attorney's fees, costs and damages.

This agreement shall be binding and effective upon the undersigned, their agents, successors and assignees.

Child's Name _____

Please initial the preceding page, and provide BOTH PARENT signatures here:

Parent or Guardian Signature _____ Date _____

Printed Name _____

Parent or Guardian Signature _____ Date _____

Printed Name _____

Boulder Waldorf Kindergarten

Emergency Card

CHILD'S NAME _____ AGE _____ BIRTHDATE _____

PRIMARY ADDRESS _____ check box if new address
for our records

MOTHER'S NAME _____ FATHER'S NAME _____

HOME PHONE _____ HOME PHONE _____

EMPLOYER _____ EMPLOYER _____

WORK HOURS _____ WORK HOURS _____

WORK PHONE _____ WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

EMAIL _____ EMAIL _____

Person other than parent to be notified in an emergency situation when parents are not available (address should be in Boulder County):

NAME _____

PHONE _____

ADDRESS _____

Person(s) other than parent to whom the child may be released:

1. Name _____

Address _____ Phone _____

2. Name _____

Address _____ Phone _____

3. Name _____

Address _____ Phone _____

Parent or Guardian _____

Signature _____ Date _____

Boulder Waldorf Kindergarten

Child's Specific Medical Information

Child's Name _____

Allergies to drugs or food _____

Daily Medications _____ Frequency _____

Health Care Provider _____ Phone _____

Health Care Provider Address _____

Dentist _____ Phone _____

Dentist Address _____

Hospital preferred for emergency treatment:

Boulder Community Hospital
1100 Balsam Ave
Boulder, Colorado 80301
303-440-2273

Avista Adventis Hospital
100 Health Park Drive
Louisville, Colorado 80027
303-673-1000

Longmont United Hospital
1950 Mountain View Ave
Longmont Colorado, 80501
303-651-5111

Health Insurance Company: _____ Policy #: _____

Please attach a copy of your insurance card.

In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by an employee of the Boulder Waldorf Kindergarten?

Yes No

Are there any religious or moral restrictions on the care that you would like your child to receive in an emergency?

Yes No

Please explain:

Other Information:

I hereby give permission to employees of the Boulder Waldorf Kindergarten to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named school. All expenses of such care will be accepted by the parents.

Parent or Guardian _____

Signature _____

Date _____

Boulder Waldorf Kindergarten

Sunscreen Permission Form

I give permission for staff members of the Boulder Waldorf Kindergarten to apply sunscreen to my child: _____

OR

I have provided and labeled for my child the following brand of sunscreen:

Parent or Guardian _____

Signature _____

Date _____

Field Trip Permission Form

I give my permission for my child, _____, to travel away from the Boulder Waldorf Kindergarten in the company of a teacher. This permission is granted for trips both by foot and by vehicle. I understand that I will be notified prior to scheduled trips, and that children will be properly protected by car seats or seatbelts when in a vehicle.

Parent or Guardian _____

Signature _____

Date _____

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine		Enter the month, day and year each immunization was given					
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox						
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

Healthcare Provider: _____
Documentation Date: _____
Lab Verification Date: _____

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

A) Child Care Up to Date
Up to date through 6 months of age for Colorado School Immunization Requirements Update Signature _____ Date _____

B) Child Care Up to Date
Up to date through 18 months of age for Colorado School Immunization Requirements Update Signature _____ Date _____

C) Child Care/Pre-school/Pre-K*
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements Update Signature _____ Date _____

D) Complete for K–5th Grade
Up to date for K–5th Grade for Colorado School Immunization Requirements Update Signature _____ Date _____

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Medical exemption to the following vaccine(s):
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico)

Hep B DTaP Tdap Hib IPV PCV MMR VAR

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Religious exemption to the following vaccine(s):
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

Hep B DTaP Tdap Hib IPV PCV MMR VAR

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

Hep B DTaP Tdap Hib IPV PCV MMR VAR

Boulder Waldorf Kindergarten

Health Evaluation Form

Please sign this Health Evaluation Form and have your **Health Care Provider** fill out this form, and the attached Immunization certificate. These forms must be updated annually. Thank you.

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

Parent's Signature: _____

Is there a need for any medication or special diet? ___ No ___ Yes

Please list: _____

Vision: ___ Normal for age ___ Needs eye exam

Hearing: ___ Normal for age ___ Needs evaluation

Speech: ___ Normal ___ Needs evaluation

Are there any chronic, handicapping problems, or emotional problems this child has:

___ None ___ Yes

Please list: _____

Are there any drugs, food or environmental factors which have caused allergic or adverse reactions:

___ No allergies/adverse reactions ___ Yes allergies/adverse reactions,

Please list: _____

Please check the illnesses that this child has had:

___ Chicken Pox ___ German Measles ___ Measles ___ Mumps ___ Rheumatic Fever

___ Scarlet Fever ___ Whooping Cough (pertussis) Other: _____

Are there any other findings we should be aware of? ___ No ___ Yes

Please list: _____

Date you last examined this child: _____

Health Care Provider's Signature: _____

Health Care Provider's Name: _____

Address & Phone: _____

Today's Date: _____