



## School Policies

Apple Montessori School does not discriminate on the basis of national origin, race, color, religion or disability in the admission of students, the employment of staff or in the administration of its policies.

Children with special needs may enroll at Apple Montessori School if their developmental and social needs can be met with reasonable accommodations and without fundamentally altering the educational and developmental program offered by the school.

Children may not start class until all required health and emergency care forms and tuition fees have been received.

Apple Montessori School may terminate the enrollment of a child in the following manner:

Upon two (2) weeks notice for the following reasons:

- Parental failure to abide by this agreement and by school policies.
- The program of the school is not meeting the developmental or special needs of the child as determined by the educational director.

Immediate withdrawal may be requested for the following reasons:

- Health or behavioral problems that threaten the safety, health or well-being of the child, other children or the staff.
- Chronic disregard of tuition policies.
- A pattern of late pick-up.
- Other conduct of parents or guardians of the child that threatens the well-being of the children or staff.
- Observation by the staff that the child in the 3 year old-Kindergarten program is not toilet trained.

**Student Directory:** I give permission for our family's address, phone number and email to be included in the school's student directory, which is distributed by the school to other enrolled students and their families.

**Promotional Materials:** I give permission to Apple Montessori School to use photographs, videotapes, and/or movies taken of or by my child for promotional use in school materials or on the school's web page.

**Emergency Medical Attention:** I give my express consent to Apple Montessori School, or any agency acting in its behalf, to secure and provide any medical and dental attention deemed necessary at the discretion of Apple Montessori School for my child during a period when I cannot be contacted by telephone. I further agree to assume complete financial responsibility for any and all medical expenses incurred on behalf of my child under the above conditions. I agree to release, indemnify and hold harmless Apple Montessori School and its agents for any and all damages arising from medical conditions, both known and unknown, not directly caused by the School's gross negligence.

I/we Release Apple Montessori School and its employees from all liability for accidental injury to my child while in the care of the school.

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Signature of Parent(s) or Guardian

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Date