LIGHTHOUSE
montessori

Lighthouse Montessori School
2026-2027
Application for Admission

For Office Use Only Reg. date:__________ Start date:__________ Reg. fee paid: $__________

Sup. Fee paid: $__________ Program & Schedule:__________

Password:__________

Please indicate the program & schedule requested

Toddler (18 mo-3 yrs):

☐ 3-day (W - F) half-day ~ AM only (8:30-11:30am)
☐ 3-day (W - F) full-day ~ (8:30am -3:30pm)

☐ 4-day (W - F) half-day ~ AM only (8:30-11:30am)
☐ 4-day (W - F) half-day ~ AM only (8:30-11:30am)

☐ 5-day (M-F) half-day ~ AM only (8:30-11:30am)
☐ 5-day (M-F) full-day ~ (8:30am -3:30pm)

Please attach a clear, recent photo of your child here.

Or you may email a .jpeg to lighthouseschool@gmail.com

Early Childhood (3-5 yrs): Please circle AM or PM session preference

☐ 4-day (M-Th) half-day ~ AM (8:30-11:30am) or PM (12:30-3:30pm)
☐ 4-day (M-Th) full-day ~ (8:30am - 3:30pm

☐ 5-day (M-F) half-day ~ AM (8:30-11:30am) or PM (12:30-3:30pm)
☐ 5-day (M-F) full-day ~ (8:30am - 3:30pm)

Kindergarten (5-6 yrs):

☐ 5-day (M-F) half-day ~ AM only (8:30-11:30am)
☐ 5-day (M-F) full-day ~ (8:30am - 3:30pm)

Lower (6-9yrs) & Upper (9-12yrs) Elementary:

☐ 5-day (M-F) full-day ~ (8:30am - 3:30pm) Please indicate grade: 1 2 3 4 5 6

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Child's Name: ____________________ Gender: Male Female

Date of Birth: __________ Current Age:_____ Social Security #: _____-_____-_____.

Home Address:______________________________
Street City State Zip
~~~~~~

Mother (or Guardian):_____DOB_____ Home Phone:_____

Home address:_____
Street City State Zip

e-mail address:_____ Cell Phone:_____

Place of Employment:_____ Work Phone:_____

Father (or Guardian):_____ Home Phone:_____

Home address:_____
Street City State Zip

e-mail address:_____DOB_____Cell Phone:_____

Place of Employment:_____ Work Phone:_____

Name of siblings & ages:_____

Student Details (not necessary to complete for returning students)

Please attach an additional sheet if more room is required for answers.

We strive to provide the best individualized education possible. The information you provide on your individual child is especially helpful to us. Please describe your child's temperament, social relations, interests and special challenges:

_____

_____

Has your child been tested or evaluated for any learning problems or is there reason to be concerned about learning difficulties?

Yes No If yes, please explain::_____

Has your child been tested for any psychological, emotional or behavioral difficulties or is there reason to be concerned about any of these? Yes No If yes, please explain:_____

Does your child have any medical conditions, allergies or food sensitivities that we need to be aware of? Yes No

If yes, please explain:_____

What are the child's academic strengths and weaknesses? _____

What are the child's social strengths and weaknesses?_____

How do you think the Montessori system will benefit your child?_____

_____

~ A non-refundable fee of $300 is required with this completed application. ~

Signature:_____ (Parent or Guardian #1) Date:_____

Signature:_____ (Parent or Guardian #1) Date:_____

* Immunizations: To comply with the State of Idaho regulations, all children must have required immunizations or a statement of exemption.

Please attach a copy of your child's BIRTH CERTIFICATE & CURRENT IMMUNIZATION RECORD to this form.
All students under the age of 5 must submit an updated immunization record yearly.

How did you hear about Lighthouse Montessori School? ☐ Website ☐ Sign ☐ Phonebook

☐ Referred by:_____ ☐ Other:_____

Lighthouse Montessori School admits students of any race, color, national or ethnic origin or religion.

Authorizations and Permissions Form

Name of child or children: _____

Mother (or guardian): _____ home phone_____cell phone_____

Father (or guardian): _____ home phone_____cell phone_____

Mother e-mail_____ Father e-mail_____

Security Question (to identify you on the phone) _____

Security Answer: _____

Emergency Contacts and Child Pick up: *we will always attempt to contact parents first in case of illness or emergency. Failing this, we will call down the following list of names that you provide. Please list people who are local and would be willing to pick your child up if needed, and that have your permission to transport them.* ***Note: We are combining emergency contacts and child pick up lists. Please list all names below of people you give permission to pick up your child.*** *(If you wish to add more names to this list, a "contact addition form" is available.)* **two emergency contacts are required**:

Name:_____ home phone_____cell phone_____relationship_____

Name:_____ home phone_____cell phone_____relationship_____

Name:_____ home phone_____cell phone_____relationship_____

Name:_____ home phone_____cell phone_____relationship_____

Name:_____ home phone_____cell phone_____relationship_____

Out of State Contact Name:_____ home phone_____cell _____relationship_____

Check box for any names listed above that you do ***NOT*** *want us to call in an emergency, but that may pick up your child with your permission.*

Emergency Medical Information:

Child's Doctor_____location_____phone_____

Child's Dentist_____ location_____phone_____

Insurance Co._____policy holder_____policy number_____

Authorization for Care and Medical Release:

In the event that my child: (name of child/children)_____, *becomes ill or sustains an injury while attending Lighthouse Montessori School, I give permission for any of the school staff or administration to give first aid for his/her relief. If the staff or administration of Lighthouse Montessori School believes that my child needs immediate medical attention, consent is hereby given to admit him/her to any hospital. Consent is also given to any licensed physician, surgeon, or medical professional consulted for treatment, to administer such treatment, drugs and medication, and to perform such surgical procedures as he/she shall think the existing emergency requires for the relief of pain and to preserve his/her life and health. Authorization is also given for such other measures or procedures as may be required. I hereby agree to be financially responsible for all expenses incurred in the care of my child should any type of medical treatment become necessary. This will include, but is not limited to the cost of hospitals, doctors, ambulance services, etc.*

(Signature of parent or guardian) **X**_____

Over-the-Counter Medications: I give the staff at Lighthouse Montessori School my permission to give my child:

- ❑ **After Bite Kids-** a topical cream for insect bites & stings (active ingredient=Eucalyptus oil 1.3%)
- ❑ **Equate Children's Allergy Relief-** a liquid antihistamine (active ingredients Diphenhydramine HCL 12.5mg/tsp.)
- ❑ **Children's Bendryl Allergy Chewables or liquid** (active ingredient=Diphenhydramine HCL 12.5 mg/tablet or tsp.)
- ❑ **Equate Children's Pain Relief or Pain Reliever Rapid Tabs-** (active ingredient=acetaminophen 160mg/tsp or 80mg/tablet)
- ❑ **Equate Triple Antibiotic Ointment-** (active ingredients=bacitracin Zinc, Polymyxin B Sulfate, Neomycin Sulfate)
- ❑ **Please DO NOT give over-the-counter medications to my child at school except those I bring for him along with required paperwork.**

(Signature of parent or guardian) **X**_____

Parent Permission: (name of child)_____

Yes❑ No❑ I give permission for my child to attend field trips.
Yes❑ No❑ I give permission for the school to share my contact info with other school parents. (Play dates, Birthdays)
Yes❑ No❑ I give permission for my child's photograph to be published on the school's Facebook/Instagram page.
Yes❑ No❑ I give permission for my child's photograph to be published in school publications (DVD yearbook).
Yes❑ No❑ I give permission for my child's photograph to be published in/on the school brochures and website.
Yes❑ No❑ I give permission for photographs or filming of my child by the news media.
Yes❑ No❑ I give permission for my child to ride bicycles and scooters at school. (Child must provide their own helmet)

Note: All Students are required to bring their own helmets from home and wear them in order to ride bikes, scooters or to sled. They will not be allowed to participate in these activities unless they are wearing a helmet.

(Signature of parent or guardian) **X**_____

Waiver of Liability:

I, _____(parent or legal guardian), *agree that I will not hold the staff, administration, board members or parents of a student at Lighthouse Montessori School liable for any accident that might happen to my child;* _____(child/children's names), *while in attendance at Lighthouse Montessori School or related activities. Lighthouse Montessori School carries liability insurance. In case of an accident, claims will be filed to the student's insurance first and then to the schools' insurance. The school's insurance will perform an investigation to determine liability.*

I understand that if my child causes harm to another student; I will be responsible to compensate the student's family for medical costs incurred and/or negotiate an agreement between the two families.

(Signature of parent or guardian) **X**_____ (date)_____

Medication: If your child needs medication at school you will need to do the following things:

- Notify the administrative staff
- Fill out a medication authorization form
- Medication must be delivered to the school by a parent or authorized adult
- Children may not bring any medication to school
- All medications must be turned in and remain at the front desk

Illness Policy: Children with any of the following symptoms within the last 24 hours may not attend school:

- Fever (99.9 or higher)
- Vomiting
- Diarrhea
- Extreme Lethargy
- Yellow/Green Nasal Discharge
- Rash
- Head Lice

If Your Child becomes sick at school, we will call you and ask you to pick him/her up immediately. If you can not be reached, we will call down your emergency call list until someone is reached that can pick up your child. **PLEASE KEEP YOUR EMERGENCY CONTACT LIST UP TO DATE.** I have read and agree to follow the above policies:

(Signature of parent or guardian) **X**_____

Lighthouse Montessori School

Toddler/Early Childhood/Kindergarten Contract

Full Name of Student: _____ Date of Birth: _____

Program Desired: _____

My child will be enrolled for _____ Half Days / _____ Full Days a week.

The undersigned herby enrolls the student in the Lighthouse Montessori School, Montessori Corp and Lighthouse Learning Center Corp (hereafter, referred to as "Lighthouse Montessori") for the 2025-2026 school year (August-May)

PERIOD OF ENROLLMENT: The undersigned understands and agrees that the period of enrollment hall be for the entire school year, or in the case of the student entering after the school year has begun, from the date of admission to the last day of school. There is no reduction in tuition for early withdrawal, sick days, vacation or holidays. Classroom staffing is determined on the number of students enrolled in each class; therefore, we are not able to accommodate "make up" days for students who miss school. Five snow days are planned for during the school year. If more than five snow days are called in, they will be made up after the last scheduled day on the school calendar.

X____ (initial)

COMMITMENT FOR THE FULL SCHOOL YEAR: The undersigned understands and agrees that Lighthouse Montessori School has granted to the Student one of the limited number of placement positions at Lighthouse Montessori School and having accepted one of those limited number of placement positions, understands and agrees that there will be no refund, credit, or remission of registration fees or tuition in the event of the absence, withdrawal, or exclusion of the student from Lighthouse Montessori and that, in any such event, this action will in no way change, alter, modify, or revoke the contractual relationship that exists as a result of the execution of this Agreement between the undersigned and Lighthouse Montessori School.

X _____ (initial)

TUITION: The undersigned, jointly and severally, herby unconditionally promises to pay the sum of tuition (plus fees or less discount as set forth below) to Lighthouse Montessori School in consideration for tuition and reserving a place for the student for the school year above. Some months will have more school days than others because of holiday breaks. Tuition Rates are based on a yearly tuition rate. The yearly tuition is divided into nine equal payments and stay the same each month (Sept-May) regardless of the actual number of school days per month. The month of August is not in the monthly payment and will be prorated according to the number of school days offered in August. Students at LMS get more school days per school year than any other school in our area. Childcare is provided during some holidays and breaks. Childcare is an additional charge, not part of the tuition. Childcare is based on the time that the Child is in attendance. The childcare rate is $5.00 per hour and will be billed o the following monthly statement. X _____ (initial)

Cont'd on page 2

Please check the payment plan you desire:

[ ] 1. A single lump sum payment of 100% tuition. Yearly rate: _____

[ ] 2. A cash payment of 50% of the tuition in August and the remaining 50% in January of the current school year.

[ ] 3. Nine monthly payments September-May of the current school year (due the first school day of each month)

[ ] 4. Other: _____

ADDITIONAL FEES: The undersigned understands and agrees to the following fees:

1. The yearly registration fee - $300.00 per student. $200.00 per student if enrolled during priority registration period.
2. Materials fee- annual fee that is different for each grade level. See Enrollment package.
3. Monthly Snack Fee- $20 for half-day students, $30 for full day students.
4. A $25.00 late fee will be assessed for tuition payments received after the 10th of the month
5. A $25.00 returned check fee will be assessed for checks that are returned from the bank for insufficient funds.

WITHDRAWAL: In the event a parent needs to withdraw their student from the program before the completion of this contract, or the last day of the school year, they will need to do both of the following: Submit a 30-day written notice of intent to withdraw and pay the $500.00 withdrawal fee, as well as continue to pay the monthly tuition until the spot is filled by another student.

Note: A change in schedule which reduces your child's schedule is considered a withdrawal from the original contract. X _____ (initial)

ADDENDUM:

Name of parent (or other party) responsible for payments (please print)

_____

Social Security Number: _____ - _____ - _____ Birthdate: _____

Address: _____

Street City State Zip Code

Phone: _____

Signed: _____

Date: _____

(Signature of parent or other party responsible for payment)

Witnessed by: _____ Date: _____

(Signature of school secretary or official)

Acceptance to Lighthouse Montessori School

Lighthouse Montessori Learning Centers Inc., and Lighthouse Montessori Elementary Corporation, DBA Lighthouse Montessori School **admits students and staff of any color, race, national origin, or religion.**

Admission to Lighthouse Montessori is on an acceptance basis only. We accept students and families who are a good fit for our educational and behavioral standards.

Acceptance to Lighthouse Montessori School is dependent on the following criteria:

- The Child's ability, Maturity, and readiness for the classroom.
- The Child's behavior and willingness to learn.
- The Value and importance that parents put on education.
- The willingness and ability of parents to learn about Montessori methods and to implement them into the home environment.
- The willingness and ability of the parents and students to follow school and class procedures.
- The willingness and ability of parents to attend parent meetings, such as, but not limited to, Back to School Night, Parent-Teacher Conferences, Children's Work Night, etc.
- Parent's ability and willingness to volunteer a minimum of 40 hours per family, per year to the school.

You will be notified of an acceptance or non-acceptance to Lighthouse Montessori School in writing within one week of completion of all observations, interviews, and when all the paper work is signed and turned into the school secretary.

I understand the Acceptance Policy of Lighthouse Montessori School and agree to comply with the criteria listed above.

Signed: _____ Date: _____

Signed: _____ Date: _____

Witness, _____ Date: _____

Insurance Waiver Form

Lighthouse Montessori School

"Where Children Learn to Love Learning"

Lighthouse Learning Centers INC, Lighthouse Montessori Corporation, PARTICIPANT INDEMNIFICATION, WAIVER, GENERAL RELEASE, AND ASSUMPTION OF RISK AGREEMENT

In consideration of the services of Lighthouse Learning Centers INC, Lighthouse Montessori Corporation, Lighthouse Properties, of Idaho Falls, Idaho their agents, owners, officers, managers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Lighthouse Montessori school, I hereby agree to release, indemnify, and discharge Lighthouse School , on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in fieldtrips, bike riding, riding scooters and skateboards, playing on playground equipment, dodgeball, baseball, and other activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Fieldtrips, playground equipment, entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Fieldtrips, playground equipment, and sports activities, expose its participants to the usual risk of cuts and bruises. Other more serious risks exist as well; falling from playground equipment and small trees. pinches, rope burns, twists and jolts, strains, sprains, broken bones and musculoskeletal injuries including head, neck, life threatening injuries, and back injuries; cuts, abrasions, and bruises; and cardiac related illness. Participants may fall off equipment and can suffer more serious injuries as well. Participants often fall on each other resulting in other injuries. and can cause serious injury and must be done at the participants own risk. Pathogens and transmissible diseases. participants' and from Fieldtrip locations raises the possibility of any manner of transportation accidents. In any event, if you or your child is injured, you or your child may require medical assistance, at your own expense.

2. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Lighthouse Montessori School from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Lighthouse Montessori School's Fieldtrips, equipment or facilities, **including any such claims which allege negligent acts or omissions of Lighthouse Montessori School**.
4. Should Lighthouse Montessori School or anyone acting on their behalf be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against Lighthouse Montessori School, I agree to do so solely in the state of Idaho, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Lighthouse Montessori School on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at Lighthouse Montessori for the lifetime of the company. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

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1. SECTION FOR **PARENT/LEGAL GUARDIAN** or **ANY PERSON OVER 18 YEARS OF AGE** COMPLETE THIS SECTION IF YOU ARE SIGNING FOR YOURSELF AND ARE OVER 18 YEARS OF AGE. COMPLETE THIS SECTION IF YOU ARE THE PARENT OR LEGAL GUARDIAN SIGNING FOR A MINOR CHILD (checking the LEGAL GUARDIAN AND OR PARENT box assigns you ALL responsibility for the persons you have submitted on this legal document)

PARENT and/or Legal Guardian information, or anyone 18 or older

FIRST NAME: Required

LAST NAME: Required

CONTACT NUMBER: Required

SIGNATURE: Required

EMAIL ADDRESS: Required

TODAY'S DATE:

Date of Birth of Participant over 18 yrs, Parent, OR Legal Guardian:

NAMES AND BIRTHDATES OF ALL PERSONS UNDER 18 (NO PERSON UNDER 18 TO BE SUBMITTED IN THIS AREA) THIS SECTION IS REQUIRED FOR CHILDREN UNDER 18 THAT ARE ENTERING THIS SCHOOLFOR ANY REASON EVEN TO WATCH OTHER PARTICIPANTS. YOU ARE RELEASING THE LIABILITY OF ALL MINORS IN THIS SECTION AS THEIR PARENT OR LEGAL GUARDIAN

Parent's or Legal Guardian's additional agreement, indemnification, general release and assumption of risk - (Must be completed for participants under the age of 18)

In consideration of the following minor(s) being permitted by Lighthouse Montessori School to participate in its activities and to use its equipment and facilities, I further agree to indemnify and

hold harmless Lighthouse Montessori School from any and all claims which are brought by, or on behalf of Minor(s), and which are in any way connected with such use or participation by Minor(s).

MINOR NAME:_____

FIRST NAME:_____

LAST NAME:_____

MINOR BIRTHDATE:_____

RELATION TO MINOR:_____

Printed Name:_____

Signature of Legal Parent of Guardian:_____
Date:_____

MINOR NAME: _____

FIRST NAME: _____

LAST NAME: _____

MINOR BIRTHDATE: _____

RELATION TO MINOR:_____
Parent Legal Guardian

Printed Name:_____

Signature of Parent or Legal Guardian:_____ Date:_____

Lighthouse Learning Centers Inc.

Behavior Policy

Educating the whole child is one goal of Lighthouse Montessori School. Academic work is important to us; however there are other things the child needs to learn in order to be successful in school and growing into a healthy adult. Some of the non-academic things that we work with the children on are listed below:

- Learning to control one's body
- Learning how to get along with peers in a group setting
- Learning to communicate with adults and other children in a respectful way
- Learning order and organization
- Learning to care for their body
- Learning to care for their belongings
- Learning to care for their physical environment

Learning to manage one's own body, behavior and emotions is part of many things that children may learn while at Lighthouse Montessori School. We are very skilled at helping children learn these tasks at an age appropriate level.

We are not equipped to handle children who have severe emotional, behavioral or physical concerns. Children will not be allowed to remain in the school if we observe uncontrollable behaviors, such as, but not limited to the following:

- Biting
- Running away from the class or school grounds
- Taking or Destroying classroom materials
- Throwing objects that can harm others
- Behavior that causes or may cause injury to students or teachers
- Behavior that causes the teacher to consistently turn her attention from the other students in the classroom to control the behavior of a specific child

Parents will be notified of such behavior. In most cases when the teachers an parents are working together to assist the child in learning acceptable behaviors, the child experiences great success and growth. In some rare instances a family may be required to provide a personal aide for their child's behavioral or medical needs in order to maintain enrolment at Lighthouse Montessori School.

All students who enroll at Lighthouse Montessori School will do so on a 30 day probationary period. Children who show extreme behavioral issues will be disenrolled. Disenrollment may be required after the 30 day probationary period if needed.

I understand the policy outlined above.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Lighthouse Learning Center
Illness Policy

If your child becomes sick while at school, we will call you and ask you to pick him/her up immediately. Please make sure your emergency contact information is kept current.

The following symptoms, or combination of symptoms, will require that you remove your child from school: Please keep your child home if they have any of the following symptoms:

Fever: If a child shows signs of illness, a staff member will take their temperature using an ear thermometer. A fever over 99.6°F will require the child to be sent home. A child must be fever-free for at least 24 hours without the aid of medication before returning to school.

Vomiting: Vomiting may be caused by viral infections (flu), stress, diet, medication, or motion sickness. Regardless of the cause, children who vomit will be sent home immediately due to sanitation concerns.

Diarrhea: Characterized by loose, watery stool, diarrhea can be caused by bacteria, viruses, diet, or medication. A child with diarrhea must remain home due to health and sanitation concerns and may return after a firm bowel movement.

Extreme Lethargy: If a child is too weak or tired to participate in classroom activities or recess, they should not attend school.

Yellow/Green Nasal Discharge: This may indicate infection. A child must remain home until symptoms resolve. Note: A clear runny nose due to allergies is acceptable.

Eye Discharge: Redness, swelling, itching, or discharge from the eye is a sign of illness. A child must remain home until symptoms resolve.

Rash: If an unidentified rash is spreading or worsening, the child should remain home until it resolves or a doctor provides a note explaining the condition and any precautions. If your child has sensitive skin and requires special products, please provide labeled items.

Head Lice: Lice can spread quickly in a school setting. Please report any exposure. Children with lice or nits will be sent home and may return only after all lice and nits are completely removed.

Medication: If your child requires medication at school, you must notify administration and complete authorization paperwork. All medication must be delivered by a parent or designated adult, stored at the front desk, and in its original container with directions. Students may not carry medication in backpacks.

Students must be able to fully participate in all aspects of the program. Please keep your child home if they are not feeling well. This helps maintain a healthy environment for all.

I have read, understand, and agree to follow the above illness policy.

Signature of Parent or Guardian_____ Date _____

Lighthouse Montessori School

Family Participation

- As a condition of enrollment, each family is required to put in 40 hours of volunteer time. Family Participation and support of the school is part of your commitment when enrolling your child at Lighthouse Montessori School.
- There is clear research that indicates students and schools are more successful when there is a high level of parent and family participation.
- Volunteer work is fundamental to our school. It benefits the children, teachers, and school as well as the parent by helping to keep tuition costs affordable.
- Volunteers may be parents, grandparents, aunts, uncles, or older siblings (14+), etc.
- If you are unable to participate by volunteering, we ask that you make a yearly payment of at least $400.00. Checks should be made payable to: Lighthouse Montessori School. This is not to penalize the parents, rather to encourage parental involvement in school.
- Failing to participate in the Family Participation Commitment may make the student ineligible for continued enrollment at Lighthouse Montessori.
- LMS staff meet monthly to discuss, ratify, and determine policies that will be adopted, based on the school's mission and goals.
- As part of each student's enrollment, parents will indicate which teams they are willing to help with. In addition, all families will be expected to help with the annual fundraising efforts of the school.

Please indicate your choice below:

[ ] We support the Family Participation Commitment and will support LMS this year through volunteer service. We have indicated the teams and we will assist on the back of this form.

[ ] We support the Family Participation Commitment. However, we are unable to volunteer this year. Please accept this donation of $ _____ in lieu of our participation.

Signature of Father/Guardian _____ Date: _____

Signature of Mother/Guardian _____ Date: _____

Please write your name (and your spouse's) next to the teams you would like to help with this school year. You may sign up for several. The school's secretary will contact you with ways you can help.

Teaching Support Team: Assists teachers with specific tasks in their classrooms. *Please indicate which needs you would like to help with.* [ ] Reading to students/listening to students read [ ] chaperoning field trips [ ] class parties [ ] art parent [ ] PE/Movement/Dance coordinator [ ] teacher preparations (copying, cutting, etc) [ ] teacher appreciation (May)

Fellowship Team: Assists in welcoming new families into our school community, as well as plans and carries out regular school wide activities to build friendships and bonds within our school.

Marketing Team: Assists with carrying out specific marketing tasks aimed to helping our school population grow. *Please indicate which needs you would like to help with*:

[ ] School Website [ ] School Facebook Page [ ] Special events photographer [ ] Community Marketing (Community calendars, bulletin boards, events, etc)

Fundraising Team: Assists with the planning and carrying out school's various fundraising projects, grant research and writing and securing charitable donations.

Please indicate which needs you would like to help with:

[ ] Grant writing and research [ ] Usborne Book Fair (Scholastic Book Club Monthly) [ ] Box Tops for Education [ ] School Breakfast (last day of school)

Facilities Team: Assist in keeping our school in top shape and compliance with state and city regulations. *Please indicate which needs you would like to help with:*

[ ] Repairs and maintenance (as needed) [ ] Cleaning projects (as needed) [ ] Yard projects (as needed)

Technology Team: Assist with the school's technology needs. *Please indicate which needs you would like to help with:* [ ] Setting up computers and devices [ ] Website creation and management [ ] adding new devices to existing networks [ ] assisting with technology questions and problems

Special Projects Team: Develops and recommends an action plan for specific school improvement project based on the school's goals and mission, resources available, and student need; communicates plan to the school community, organizes, delegates, and completer projects. Special projects for the year:

[ ] Special Program [ ] Development [ ] School Library [ ] Legal Advisory

School Expansion Team: Works to secure funding through grants and scholarships for the addition of new school building and/or expansion of current facility [ ]

Greetings Parents,

We have developed a short-term emergency plan and a 72-hour emergency kit for each student. We wanted to request that you send an additional change of clothes (a shirt, slacks, socks and underwear) in a large Ziploc bag marked with your child's name (one for each child please). Along with: ½ gallon of water, some non-perishable food items such as canned meat and fruit with a pull tab (or pouches... please see the list of acceptable items) as no can opener will be available, and a protein bar or two. *Please mark your child's name on each bottle, bar and can with a Sharpie and place it in the Ziploc bag with his/her clothes. For our toddler age children, please also include an additional 3 days of diapers.*

We will be requesting this every year in order to keep the supplies fresh. And they will be returned at the end of the current school year.

Also, sometimes during an emergency our local cell phone towers cannot connect to a local number to due to overwhelming usage. However, they sometimes can connect to an out of the area person. With this in mind we are requesting that you could supply an out of state contact, so that we can let them know your child(ren) are is/are safe.

Hopefully none of this will ever be needed. But it is better to be wise and have a plan in place. Please take the time to return just the bottom part of this form to us with an out of the area contact number, and to give us special permission to transport your child(ren) in the event of an actual emergency. Thank you in advance.

Emergency Out of Area Contact Information and Emergency Transportation Permission Agreement

Name of Child: _____

Out of state contact name: _____ Number: _____

[ ] I give Lighthouse Montessori Farm School permission to transport my child to an emergency relocation site for staff, teachers and children when it is unsafe to remain at the facility.

[ ] I understand that normal safety rules will be followed, as much as possible, but that the highest priority is to relocate to a safe location.

[ ] This agreement shall remain in effect until June 1st, 2024. The agreement may be terminated before this date by either party but only with written notification.

Printed name of parent/guardian: _____

Home Address: _____

Phone: _____ Alternative Phone: _____

Signaure: _____ Date: _____

List of acceptable foods:

Tuna in a pull top can or pouch, salmon in a pull top or pouch, canned fruit with a pull top lid, breakfast bars, protein bars or drinks, jerky, crackers, dried fruit, fruit leather