



2020-2021 School Year Application

4418 Milwaukee St, Madison, WI 53714
 (608) 217-9533 info@toad-hill.com

Child's First Name _____ Last Name _____ Goes By _____
(Please print clearly on the line above)

Sex: M F Date of Birth: _____ Preferred start date? _____

Parent and Guardian Information:

First Name	Last Name	First Name	Last Name
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Best number to call during our programs	Work Phone	Best number to call during our programs	Work Phone
Email Address		Email Address	

5 Day Program Monday through Friday, September 1, 2020 - June 10, 2021

Before School with arrival between 7:15-8:15 am . Please add \$125/per month to the amounts listed below:

Tuition is based on your child's age on September 1, 2020	Primary 3-5 Years	Kindergarten 5-6 Years
School Day Program 3:00 Pick-up	\$11350.00 School Year <input type="checkbox"/> \$1195.00 Monthly	\$10400.00 School Year <input type="checkbox"/> \$1095.00 Monthly
After School Program 5:00 Pick-up	\$13,965.00 School Year <input type="checkbox"/> \$1470.00 Monthly	\$13,015.00 School Year <input type="checkbox"/> \$1370.00 Monthly

4 Day Program Monday through Thursday, September 1, 2020 - June 10, 2021

Before School with arrival between 7:15-8:15 am . Please add \$100/per month to the amounts listed below:

Tuition is based on your child's age on September 1, 2020	Primary 3-5 Years	Kindergarten 5-6 Years
Half Day Program 12:30 Pick-up	\$7550.00 School Year <input type="checkbox"/> \$795.00 Monthly	N/A
School Day Program 3:00 Pick-up	\$10400.00 School Year <input type="checkbox"/> \$1095.00 Monthly	N/A
After School Program 5:00 Pick-up	\$13,015.00 School Year <input type="checkbox"/> \$1370.00 Monthly	N/A

****The full School Year Tuition may be paid annually in full for a 3% discount.**



Please tell us in full about any medical/health, and/or developmental or behavioral conditions, including speech, occupational therapy, or the like, past or present and any other pertinent information that might aid in the enhancement of your child's school experience. Use a separate sheet as necessary. We strive to care for children with various needs, and need your full input to succeed.

Please list any allergies, current medication(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (ie. EpiPen, bee sting kit, or inhaler etc), you must supply medication labeled with child's name and detailed instructions on our Permission to Administer Medication form to the Toad Hill Montessori office prior to your child's attendance. Kits are returned if unused.

Permission and Liability Waiver

My Child, _____, has permission to fully participate in Toad Hill Children's House activities while in the care of Toad Hill staff. I, as parent/legal guardian, do hereby grant the Toad Hill Staff and designated adults the right to authorize emergency medical treatment for my child in the event that I nor my designated representatives cannot be reached. I agree to hold harmless Toad Hill staff and its agents from liability resulting from an accident. I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents.
2. For a non-life-threatening emergency or urgent situation, staff will attempt to call the parent/guardian first and if a parent/guardian cannot be reached, staff will contact the Emergency Contact listed on the Emergency Information form. If staff cannot make an appropriate contact, staff will call paramedics or the child's health care provider.

I understand that Toad Hill and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drugs or medication without specific written and signed instruction from the health care provider and/or the child's parent/guardian.

Enrollment for your child at Toad Hill constitutes your agreement to this waiver.

I understand that all Emergency Information on the Emergency Form must be completed before my child may attend. I have read and understand all policy and procedural information, including discipline, health, payment, and cancellation policies.

- Publicity Release (optional) I authorize Toad Hill to use a photograph or other image of my child for public relations purposes connected to this program and future programs associated with Toad Hill. I understand that my child's name will not be published with an image.
- \$100.00 - APPLICATION FEE and ACH Authorization Please submit a check with this form. This is a one time fee, due along with the Application Form. Tuition is calculated monthly and closely follows the Madison Metropolitan School District Calendar, including the observed MMSD holidays, in-service days, and other school closings. Tuition payments are made through our ACH system and your payment account will be set up using the check that is submitted with this application. All ACH transactions will be initiated on the 1st of each month, or the prior business day. Additional fees apply for Materials, Late Payments and Change in Agreement. A 10% multiple child discount will be applied to the lower tuition. For all children enrolled there is a six week probationary period. Please refer to the Parent Handbook for details.

Signature Parent/Guardian 1 Date

Signature Parent/Guardian 2 Date

Toad Hill Children's House does not discriminate on the basis of gender, race, color, creed, family structure national or ethnic origin, sexual orientation, age, citizenship, military status, or genetic information in admission, programs, employment, financial assistance, activities, use of facilities or privileges.