

2025 Enrollment Contract

This Enrollment Contract outlines responsibilities and terms between The Birds Nest Inc. ("School") and the Parents/Guardians ("Parents") for one year of enrollment, renewable annually on January 1st. By signing this contract, you acknowledge it's legally binding nature under Montana law. A complete copy of the contract is available electronically via Playground.

STUDENT:

Full Legal Name	Prefer to be Called	Date of Birth
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PARENTS:

Full Legal Name(s)	Signature(s)	Date
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SCHOOL:

Full Legal Name	Signature	Date
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REQUIRED SCHOOL FORMS:

For all Students:

1. Schedule & Tuition Contract
2. Exclusion Contract
3. Early Intervention & Challenging Behavior
4. Potty Training Agreement
5. Transportation Agreement
6. Photo Release

REQUIRED STATE FORMS:

For all Students:

1. Emergency Contact Form
2. Immunization Records
3. Over the Counter Medication Authorization

For Students under 2 years:

4. Infant Feeding Schedule
5. Pediatric Health Statement

OPTIONAL STATE FORMS:

1. Conditional Attendance Form
2. Medical Dietary Request Form

Schedule & Tuition Contract

CONTRACTED TUITION BASE RATES:

Days per Week:	HALF DAY *5 max hours*	SCHOOL DAY *7.25 max hours*	FULL DAY *8.5 max hours*	EXTENDED DAY *9.5 max hours*	SD5 STAFF *8.25 max hours*
ONE*	[] \$250	[] \$350	[] \$375	[] \$400	9 equal tuition bills & no summer tuition while spot is held
TWO*	[] \$425	[] \$625	[] \$700	[] \$750	
THREE	[] \$600	[] \$850	[] \$975	[] \$1075	[] \$825
FOUR	[] \$750	[] \$1050	[] \$1200	[] \$1350	[] \$1025
FIVE	[] \$850	[] \$1200	[] \$1350	[] \$1500	[] \$1150
Arrival Window:	7:30a - 8:30a	8:15a - 8:45a	7:30a - 8:45a	7:30a - 8:45a	[] 7:30a - 3:45p (middle school)
Departure Window:	12:25p - 12:35p	3:00p - 3:30p	3:30p - 4:15p	4:15p - 5:00p	[] 7:45a - 4:00p (K-5 & high school)

*ONE & TWO-day options are available on a trial basis for up to 4 weeks, most students need 3+ days/week to thrive.

CONTRACTED DAYS:

[] [] [] [] []
Mon Tue Wed Thur Fri

CONTRACTED TIMES:

Daily Set Arrival: _____ am

Daily Set Departure: _____ pm

Arrival and departure time may only fluctuate by +/- 5 min. The School must be informed if the Student will arrive/depart early/late or be absent, including the reason. See the allowable arrival and departure windows from the table above.

DISCOUNTS:

- [] \$_____ Grandfathered Discount
- [] 5% Quarterly Pay Discount
- [] 5% Corporate Discount
- [] 5% Sibling Discount

CONTRACTED PREPAY SCHEDULE:

- [] Monthly by the 1st
- [] Quarterly by the 1st of Jan/Apr/Jul/Oct

CONTRACTED MONTHLY TUITION:

\$_____ (Base Rate)

\$_____ (Discount)

\$_____ (Total after Discount)

2025 FEES:

- Enrollment "Deposit": Varies by Contract
- Drop-In Tuition: \$10/hr (3 hr min) or \$70/day
- Overtime Fee: \$25 per 5 minutes
- Late Payment Fee: \$100 per month
- Incomplete Records Fee: \$25 per document
- Missed Sign in/out Fee: \$5 per missed signature
- Annual Supply Fee (Due September 1st):
 - > \$75 per student attending 1 to 3 days/week
 - > \$100 per student attending 4 or 5 days/week.

FIRST CONTRACT ADJUSTMENT:

*Grandfathered discount decreases with each adjustment.

Date of Change: _____

New Set Arrival Time: _____ am

New Set Departure Time: _____ pm

Contract Tuition (after Discount): \$ _____

New Contracted Days:

[] [] [] [] []
Mon Tue Wed Thur Fri

SECOND CONTRACT ADJUSTMENT:

*Grandfathered discount decreases with each adjustment.

Date of Change: _____

New Set Arrival Time: _____ am

New Set Departure Time: _____ pm

Contract Tuition (after Discount): \$ _____

New Contracted Days:

[] [] [] [] []
Mon Tue Wed Thur Fri

CONTRACT TERMS:

Parental Rights: Legal documentation is required to restrict a parent's rights to pick up or make decisions impacting the Student, School, or Contract.

Renewal Contract: Renewal contracts, including any term changes and tuition adjustments (1-5%), are posted by November 25th, signed by December 31st, and take effect January 1st. Parents should review the enrollment packet annually for updates.

Contract Revision: Contract schedule changes require thirty (30) days' notice and a contract revision.

Immunization Records: Current immunization records are required. Upload records to Playground or submit via fax (406.730.5025) within ten business days of each vaccine due date.

Authorized Adults: Adults authorized to pick up a Student must be 18 years of age, show identification, and be listed under Guardians in Playground.

Attendance Records: Parents must sign their Students in and out through Playground. A fee will be assessed for every missed signature

ATTENDANCE:

Contracted Schedule: Students must follow their contracted schedule. Changes require advance notice and approval.

Absence Notice: Notify the School of absences or deviation of arrival/departure time via Playground. Avoid arrivals/departures between 12:00 - 3:00 pm.

Sick Bump Days: Must be requested via the Playground Sick Bump Day request form and are subject to approval. They cannot be banked and must be used within the week of the sick day or the following week.

Tuition Credits: The School bills for 48 weeks/year, considering scheduled/emergency closures, sick days, and vacation time. Tuition is owed regardless of attendance to retain each Student's spot.

Vacations and Temporary Withdrawal: A 30-day notice is required. Contact the School Director to discuss tuition breaks or contract revisions.

Withdrawal Notice: A 30-day notice is required; tuition is due during notice period regardless of attendance. Past-due balances may be collected through legal action or collections, including all associated fees.

Suspension: The School reserves the right to suspend a Student for failure to complete enrollment documents or provide current immunization records, past due account balances, and for excessive challenging behaviors.

Dismissal: The School reserves the right to terminate this contract with or without notice if issues related to safety, property, accommodations, or suitability arise.

TUITION & FEES:

Enrollment Deposit: A non-refundable first-month tuition payment reserves the Student's spot and applies to the first month's invoice. Adjustments may apply if the contracted schedule changes before the start date.

Payment Obligation: Tuition is due by the 1st of each month to retain the Student's spot. No credits are given for absences or School closures.

Payment Method: Payments must be made via electronic check or credit card through Playground Billing (processing fees may apply).

Drop-In Tuition: Applies for added days or extended hours. School approval is required in advance.

Overtime Fee: Charged if a Student arrives earlier or stays later than their contracted time by more than five minutes.

Late Payment Fee: Applies if tuition isn't paid by midnight on the 1st or if the payment fails.

Incomplete Records Fee: Charged when required documents are not current.

Missed Signed In/Out Fee: Charged when the Parents fail to sign the Student in or out.

Annual Supply Fee: Collected each September to support classroom materials and enrichment experiences.

SCHEDULE & CLOSURES:

Monthly Date Nights: Typically held on the second Friday of each month. Educators volunteer their time, and tipping is encouraged, with most Parents tipping \$20-30 per child. Non-enrolled siblings or friends are welcome to attend.

SD5 Calendar: The School aligns with the SD5 calendar for some holidays and emergency closures.

Students enrolled under the SD5 contract rates may not attend on non-PIR closure days we are open for. See calendar "No SD5 Students" days.

Planned Closures: The School closes for nine days per year: New Year's Day, Memorial Day, 4th of July, Labor Day, Fall Festival Day, Thanksgiving Day, Black Friday, Christmas Eve, and Christmas Day.

Preschool Bridge Ceremony: The Preschool closes early on the 4th Friday in August to celebrate students transitioning to Kindergarten.

Unexpected Closures: For emergencies (e.g., power outages, severe weather, communicable disease), the School will notify Parents to pick up within 30 minutes. No tuition credits are given for unexpected closures.

Parents Initials: _____

Exclusion Contract

EXCLUSION TERMS:

Daily Health Check: Each student is inspected for signs and symptoms of illness upon arrival.

Illness at School: If a Student develops symptoms at School, they are isolated and sent home.

Full Disclosure: Montana Child Care Licensing regulations require that symptoms and illnesses be communicated to the School. Withholding information or knowingly sending an ill Student may result in enrollment dismissal.

Reportable Diseases: The School will notify local health authorities if a Student or School employee becomes ill or is suspected of having a communicable disease reportable to the Health Department.

One-on-one Care Need: One-on-one care is something that the School can NOT reasonably accommodate. If a Student requires this, they will be sent home for the day. If ongoing, the School will work with the Parents; if a reasonable solution is not available, dismissal from the program may be required.

Exclusion Agreement: Parents understand the policies outlined and agree to follow them to support a healthy environment. Exclusions may be enforced for illness or incidents involving the Student, Parent, or other children. The School has the final say in determining the exclusion period.

EXCLUSION CRITERIA:

The following require the Student to be excluded until symptom-free for 24 hours, adequate treatment has been received, and/or a healthcare provider deems noninfectious:

- > **FEVER** (100.4°F with behavior change or other symptoms);
- > **DIARRHEA; VOMITING** (twice in 24-hour period);
- > bacterial **PINKEYE** (yellow or green discharge from one or both eyes);
- > **MOUTH SORES** (with drooling, if unable to contain drool);
- > a **RASH** (with fever/behavioral change or that is quickly spreading);
- > active **TUBERCULOSIS**;
- > **SHIGELLOSIS, SALMONELLA, or E.COLI**;
- > or **UNABLE TO PARTICIPATE** in activities or needs one-on-one care.

The following require the Student to be evaluated by a healthcare provider to ensure the return of the Student will not harm the Student or others:

- > symptoms of **SEVERE ILLNESS**: fever with behavior change, lethargy, stiff neck, irritability, uncontrolled coughing, breathing difficulty or wheezing, persistent crying, poor food/fluid intake, progressive rash with any other symptoms, or a seizure;
- > or persistent **ABDOMINAL PAIN** for two or more hours or intermittent abdominal pain associated with fever, dehydration, or other signs or symptoms of illness.

The following symptoms/illnesses require the Student to be excluded until the specified exclusion criteria have been met:

- > **Hand, Foot, and Mouth Disease (HFMD) or CHICKENPOX (Varicella)**: Until sores scab over;
- > **HEAD LICE**: Until lice and nit free; **SCABIES or RINGWORM**: Until treatment is started;
- > **STREP THROAT (Group A Strep Pharyngitis)**: Until 12 hours after starting antimicrobial therapy;
- > **RUBELLA**: Until seven days after rash appears;
- > **PERTUSSIS**: Until five days after antibiotic treatment initiated;
- > **MUMPS**: Until five days after onset of parotid gland swelling;
- > **MEASLES**: Until four days after onset of rash;
- > **HEPATITIS A**: Until one week after onset of illness;
- > or **IMPETIGO**: Until treatment is initiated, a waterproof dressing covers the lesions.

The following do NOT require the Student to be excluded:

- > a **RUNNY NOSE or MILD COUGH** (not accompanied by a fever);
- > viral **PINKEYE** (clear discharge and not accompanied by a fever);
- > **FEVER** without behavior change (for Students aged four months and older, including Students with teething or immunization-related fevers);
- > **RASH** (without behavior change or fever and not quickly spreading).

Parents Initials: _____

Early Intervention & Challenging Behaviors

BENEFITS OF EARLY INTERVENTION:

Early intervention is most beneficial when signs of specific developmental delays or challenging behaviors are recognized, typically around two to three years of age. While we are not qualified to make formal diagnoses, we play a crucial role in supporting students by identifying concerns, facilitating on-site evaluations, and supporting needs.

COMMON INDICATIONS MAY INCLUDE:

- Limited or no speech by the age of two
- Difficulty understanding simple instructions
- Difficulty transitioning between activities
- Challenges with social interactions: limited eye contact or difficulty playing with peers
- Developmental milestone delays: walking or potty training
- Little interest in age-appropriate activities
- Persistent behavior challenges include aggression (e.g., biting, hitting, pushing), frequent tantrums or meltdowns, and/or disruption of classroom activities.

SCHOOL AND PARENT RESPONSIBILITY:

Both the School and Parents share the responsibility of identifying potential delays or challenging behaviors, collaborating on on-site evaluations by qualified specialists, and implementing recommended strategies. This involves attending or coordinating therapy sessions, implementing strategies at home and/or school, and maintaining open communication. Non-cooperation may result in dismissal from the program if it is determined that the family is unwilling to authorize an on-site evaluation or if the School cannot reasonably meet the Student's needs.

CHALLENGING BEHAVIOR POLICY:

If Challenging Behavior Occurs:

It is important to remember that some challenging behaviors are developmentally appropriate, and our educators utilize researched techniques to help the student work through the challenging behavior, replacing it with more appropriate behavior.

1. The child engaging in challenging behavior is respectfully addressed.
2. The affected child is comforted and given appropriate first aid.
3. Confidential incident and injury reports are completed.

If Challenging Behavior Becomes Persistent:

1. Additional supervision, if available.
2. Educator strategies may include modeling replacement behaviors, redirection, developing communication skills, and using sensory objects.
3. Schedule an on-site evaluation through Healthy Beginnings Pediatric Therapy.
4. Staff training based on evaluation results.
5. A meeting to discuss results and develop a joint early intervention plan.

If Challenging Behavior Becomes Excessive:

1. Defined as prolonged or persistent behavior despite interventions.
2. Final options may include transitioning to an older class or testing a two-week reduced schedule; if no improvement, a two-week suspension may be considered.
3. Finally, if it is ultimately determined that our School cannot reasonably support the child's needs, finding a more suitable care option is expected.

Parents Initials: _____

Potty Training Agreement

At The Birds Nest – Early Learning Village, we recognize that potty training is a significant developmental milestone. Our goal is to support each Student through this process, fostering a positive and consistent experience.

AGREEMENT DETAILS:

- > **Readiness:** Parents are encouraged to initiate potty training when their child shows signs of readiness, such as staying dry for extended periods, expressing interest in using the toilet, and understanding basic instructions.
- > **Collaboration:** Parents are responsible for providing extra clothing, which should be labeled with the child's name. This ensures that we can quickly address any needs during the day.
- > **Accidents:** Accidents are a normal part of potty training. Our educators will respond with patience and understanding, ensuring your child feels supported.
- > **Realistic Expectations:**
 - > Starting the potty training process too early can lead to frustration for both the child and the parents.
 - > Potty training is a gradual process that varies from child to child. It is common for children to show faster progress at home, where there may be fewer distractions. In a school environment, students often prioritize social interactions and play with friends, which can temporarily shift their focus away from potty training.
 - > Consistency between home and school routines can enhance progress. Regular communication about strategies used at home can help us work together effectively.
 - > For sanitary reasons, a child must have a dry diaper for one full week before transitioning to underwear at School. Placing underwear under a pull-up can help the child feel the discomfort of an accident while minimizing mess. If accidents occur after the switch to underwear, a pull-up may be used for the remainder of the day.
 - > Remember that setbacks are normal, and patience is key. Children may have days of success followed by days of regression; this is part of the learning process.
- > **Communication:** Parents will receive regular updates on their child's progress. We encourage open communication and invite parents to share any concerns or challenges so we can work together toward successful potty training.

Parents Initials: _____

Transportation Agreement

The School is authorized to transport the Student for approved walking field trips and emergency situations. Due to commercial insurance costs and vehicle size limitations, motor transportation for field trips is not provided at this time.

Transportation Safety and Procedures:

- > **Safety First:** When an approved educator or administrator transports Students, safety is our priority. Students will never be left unattended during transport.
- > **Curbside Procedures:** Boarding and exiting will occur curbside, ensuring a safe and smooth transition.
- > **Safety Seats:** All Students will be secured in appropriate safety seats or safety belts, as required by law based on age.
- > **Vehicle Requirements:** All vehicles used to transport Students must be registered, insured, and operated by individuals at least 18 years of age with a valid driver's license.

Parental Notification:

The School will inform Parents in advance whenever a class or Student leaves the School premises, whether on foot, in a stroller, or by motor vehicle.

Photo Release

Parental Consent for Internal Use (Required):

The School reserves the right to photograph Students for internal use, which includes communication within our enrolled community. Internal use may include classroom displays, parent updates via Playground (individual or group posts), village newsletters, or posts in the private Facebook group. Photos used internally will not display student names unless parents comment directly with their child's name. As part of the School community, Parents acknowledge that photos of other students may also appear in communication shared with enrolled families.

Authorization for External Use (Optional):

The School will request separate permission from Parents for each instance in which it wishes to use a photo of a Student externally for promotional or marketing purposes. External use may include the School's public website, social media, print materials, and news publications.

Terms and Conditions:

- > Photographs will be used respectfully and in a positive, appropriate context.
- > The School will not disclose personal details, including a student's full name, with any external photos without additional consent.
- > Authorization for external use is optional and will be requested on an individual basis.

Parents Initials: _____

Emergency Contact and Consent



This form must accompany staff when children are away from the childcare site

Child's Name (First, Last)		
Date of Birth		
ALLERGY ALERT Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box.		
Parent or Guardian Contact Information		
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Required Medical Information		
Primary Medical Care Provider		Phone
Health Concerns (Please explain)		
Allergies		
Parent or Guardian Authorization		
In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible.		
Parent/Guardian Signature		Date
<i>(This form must be completed and signed annually)</i>		

Montana Certificate of Immunization

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I - Please Print Clearly

Student's Name: _____ Date of Birth: _____ Gender: _____

Guardian: _____ Home/Cell Phone: _____

Physical Address: _____ Work Phone: _____

Primary Health Care Provider: _____

SECTION II - Immunization History

Valid only when filled out by School or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines	Dose 1 Due	Dose 2 Due	Dose 3 Due	Dose 4 Due	Dose 5 Due
DTaP - Diphtheria/Tetanus/Pertussis	3m	5m	7m	19m	6y
Hib - Hemophilus Influenza Type B (3 dose brands skip 7m dose)	3m	5m	7m or N/A	16m	
PCV13 - Pneumococcal Conjugate	3m	5m	7m	16m	
IPV or OPV - Polio	3m	5m	19m	6y	
Hepatitis B	3m	5m	19m		
MMR - Measles/Mumps/Rubella	16m	6y			
VZV or VAR - Varicella (chickenpox)	16m	6y			
Tdap	12y				

ACIP* Recommended Vaccines: Hepatitis A, Human Papillomavirus (HPV), Influenza, Meningococcal Conjugate (MCV4), and Rotavirus. (ACIP - Advisory Committee on Immunization Practices, U.S. Center for Disease Control and Prevention).

If filled out by health department or health care provider: To the best of my knowledge, this child has received the above immunizations:

Signed: _____ Date: _____
 Signed: _____ Date: _____
 Signed: _____ Date: _____
 Signed: _____ Date: _____

If filled out by school personnel: I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana:

Signed: _____ Date: _____
 Signed: _____ Date: _____
 Signed: _____ Date: _____
 Signed: _____ Date: _____

Non-Ingestible Over-the-Counter (OTC) Medication Authorization Form

STUDENT: _____
Full Legal Name Prefer to be Called Date of Birth

I give permission for the administration of the following non-ingestible OTC medications
(mark all that apply and update form annually):

- Diaper Rash Cream / Ointment _____
- Baby Powder (we prefer using this to prevent diaper rash) _____
- Insect Repellent _____
- Sunscreen _____
- Cortisone / Anti-Itch Cream / Ointment _____
- OTC Antibiotic Cream / Ointment _____
- Burn Cream / Spray _____
- Other Non-Ingestible OTC Medications (specify): _____

To administer a non-ingestible over-the-counter (OTC) medication:

- The OTC medication must be supplied by the Parents;
- The OTC medication must be in its original container, with a legible label and expiration date;
- The child's name must be on the original container.

Special handling / storage instructions _____ Refrigeration Y / N

PARENTS: _____
Full Legal Name Signature Date

Unused Medication (Keep form in the Student's file when medication is finished.):

- Returned to Parents (Returned by: _____ on this date: _____)
- Discard Appropriately (Discarded by: _____ on this date: _____)

Infant Feeding Schedule

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____

An individual form must be completed for all infants, ages 0 to 18 months.

	Type	Average Daily Amount
Breast Milk:		
Infant Formula:		
Whole Milk:		
Other Foods:	Veggies: _____ Grains: _____ Fruits: _____ Protein: _____	

Note the type of breast milk (fresh/thawed/frozen), infant formula, whole milk, and other foods that the infant normally uses and the average daily amount they consume. **This needs to be updated any time food is added to an infant's diet.**

- My child may eat all table food served per the school menu and meal/snack schedule – prepared in a manner that is developmentally appropriate to avoid choking and food born illnesses **(no need to fill out table below)**.
- Breakfast is not served and should be eaten at home.
 - AM snack (8:45am) – Includes two components (protein, grain, veggie, fruit, and/or milk).
 - Lunch (11:45am) – Includes a protein, grain, two veggies (or a fruit and a veggie), and milk.
 - PM snack (3:00pm) – Includes two components (protein, grain, veggie, fruit, and/or milk).

Time	Breast Milk, Infant Formula, Milk, and/or Other Foods
List the approximate times that the infant eats, what the infant normally eats at each designated time, and the approximate amount.	

List any special considerations:

PARENTS: _____
Full Legal Name Signature Date

Pediatric Health Statement

STUDENT: _____
Full Legal Name Prefer to be Called Date of Birth

PARENTS: _____
Full Legal Name Signature Date

An individual form must be completed and signed by a medical authority for all infants, ages 0 to 24 months.

EXAMINATION:

Known Health Conditions: _____

Allergies (specify): _____

Special Medications: _____

Immunization Current: _____

Restrictions: _____

Comments: _____

I have examined the Student and find no unusual health risks to him/her or to other students in the early childhood program setting.

MEDICAL: _____
Medical Professional's Name Signature Date

**MONTANA CHILD CARE AND SCHOOL
CONDITIONAL ATTENDANCE FORM**
MONTANA CHILD CARE AND SCHOOL IMMUNIZATION LAWS
 Child Care Facility Rules, Revised Sept 1, 2006 (ARM 37.95.106 through 37.95.214)
 Montana School Immunization Law (MCA 20-5-402 through 410)
 School Immunization Rules, Revised October 1, 2015 (ARM 37.114.701 through 37.114.721)

I. This section to be filled out by child care or school official.

Child/Pupil Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

I certify the above named child/pupil has received at least one or more doses of the required vaccine(s) and legally is eligible for conditional attendance at this time. Child/Pupil will remain in a conditional attendance status for each of the required immunizations until they have completed the child care/ school immunization requirements and remain compliant with the schedule listed below.

Signature (Child Care or School Official): _____

Date: _____

II. This section to be filled out by physician/health department official.

Please enter the information related to the next vaccine dose(s) due, by vaccine type and date in the spaces below.

<u>VACCINE TYPE(S) NEEDED</u>	<u>DOSES DUE/EXCLUSION DATE</u>
Example: MMR, Polio	12/20/12
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that I have established an immunization schedule for the required vaccine(s) for the above named child/pupil and the schedule follows the minimum intervals set by ACIP (Advisory Committee on Immunizations Practices) to bring this child up-to-date according to the child care or school requirements.

Signature (Physician/Health Dept Official): _____

Date: _____

III. This section to be signed by parent/guardian.

I understand that my child is allowed to attend child care or school on a conditional basis and agree to have my child vaccinated, meeting the above deadlines. I also understand that due to Montana Law and Administrative Rule my child will not be allowed to attend child care/school in Montana if I do not agree to this condition and provide the required documentation within the required deadlines.

Signature (Parent/Guardian): _____

Date: _____

A child/pupil may be allowed to conditionally attend a child care facility or school if he/she has:

- 1. Received one or more doses of each of the required vaccine(s) and**
- 2. Will continue to receive the remaining doses on the schedule set above by the physician or health department in accordance with the child care or school requirements.**

The immunization schedule for completion of the required vaccinations is to be established by a physician or health department documenting the type of vaccine(s) and the date(s) the next dose is due. This is to be documented on this form and on the immunization record card. It is the parent/guardian's responsibility to ensure each vaccine deadline is met and provide documented proof to the child care facility or school.

If a child conditionally attending a child care facility or school fails to complete the immunization(s) within the time period indicated, he/she will be immediately excluded from the child care facility or school.

Medical Dietary Request Form

STUDENT:	_____	_____	_____
	Full Legal Name	Prefer to be Called	Date of Birth
PARENTS:	_____	_____	_____
	Full Legal Name	Signature	Date
SCHOOL:	_____	_____	_____
	Full Legal Name	Signature	Date
MEDICAL:	_____	_____	_____
	Full Legal Name	Signature	Date

1. Check One:

- Student has a disability or a medical condition and requires a special meal or accommodation. The Birds Nest must make a reasonable attempt to comply with requests for special meals and any adaptive equipment. **A State recognized medical authority must sign this form. A state recognized medical authority is a State licensed health care professional who is authorized to write medical prescriptions under State law.**
- Student does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. The Birds Nest is encouraged to accommodate reasonable requests – food/milk substitutes are to be provided by the parent/guardian of the participant. **A State recognized medical authority must sign this form. A state recognized medical authority is a State licensed health care professional who is authorized to write medical prescriptions under State law.**
- Student does not have a disability, but is requesting a special accommodation due to family preferences. The Birds Nest is encouraged to accommodate reasonable requests – food/milk substitutes are to be provided by the parent/guardian of the participant.

2. Disability or medical condition requiring special meals or accommodations:

3. Special meals/accommodations (describe in detail to ensure proper implementation):