

Montessori PeaksAcademy

A Jefferson County Public Charter School

Jefferson County School District R-1: Building and Facility Use Request Form for 2022 – 2023 School Year

All requests must be submitted directly to MPA

Organization: _____
Type of Organization: _____
Contact person: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
HomePhone: _____ Cell: _____
Email Address: _____
School Name: Montessori Peaks Academy
Room(s) Requested: _____
Activity Name: _____
Number of Attendees: _____
Equipment/Set up Needed: _____

Dates and Times Requested

Date	Day	Set-Up Time (Optional)	Event Start Time	Event End Time	Teardown Time (Optional)
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.

NOTE: USE OF TOBACCO, ALCOHOL AND ILLEGAL DRUGS IS EXPRESSLY FORBIDDEN ON SCHOOL DISTRICT PROPERTY.

Office use only: Approved Disapproved Date received: _____ Date entered: _____

Will there be a custodian on duty? Yes No _____ Hours of custodial overtime will be billed to the user.

Will security be required? Yes No

Name of approved District staff member responsible for facility if no custodian will be on duty:

Restrictions: _____

Principal/Administrator Signature: _____

Please see other side

For Office use Only

_____ On calendar
_____ Copy to vendor
_____ Room location confirmed
_____ Participation list

9904 West Capri Avenue • Littleton, CO 80123

• {303} 972-2627
• Fax {303} 933-4182

10/2016

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BUILDING AND FACILITY USE REGULATIONS

Addendum to:

Jefferson County School District R-1: Building and Facility Use Request Form

Please Read Carefully

Initial to indicate that you have read and agree with these requirements as a condition of your building use privileges. Failure to meet these requirements will result in suspension of your building use privileges.

_____All users must enter the building at the main front entrance.

_____All users must provide before the 1st class/meeting, a list of class participants and instructors or a roster of group's officers.

_____All users must provide copies of their program information flyer, program description, fee structure and registration form.

Private Vendors - You MUST provide us with a copy of your Liability Insurance before your program begins.

_____All After School Enrichment providers **must submit to a CBI background check (from available upon request) and provide fees for charges incurred. MPA also needs a copy of your liability insurance before the program begins.**

_____In the event of a cancellation of a class date, the Enrichment provider(s) **MUST inform the involved families 24 hours ahead of time so that families can make other arrangements.**

_____All users must remain in the area of the building requested and **provide adequate supervision of youth participants.**

Additional volunteers may be needed for a large event to meet the adult/child ratios (Elementary 15:1).

_____The user must supply all materials and activities needed for their own program. **Under no circumstances should the classroom's materials and/or consumables be used.** The classroom environment used for the activity must be left in the condition it was found including replacing furniture to original places.

_____All users **are responsible for all youth participants** until they are signed out by their parents or are signed into the After School Program if enrolled for that specific day.

_____There are to be no balloons in the gym/building. **All trash is to be collected and taken to the dumpster.**

_____If the event/activity requires after hours custodial services, my activity could be billed for those services.

_____All users have been notified of the ending time of the event/activity and must vacate the premises by the specified time.

I agree to the Regulations as outlined above.

User's signature: _____ Date _____

Principal's(ordesignee's) signature _____

Date approved/disapproved _____

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For profit vendors complete the this page

For Profit vendors only:

I, _____ (name) from _____ agree to pay

\$ _____ an hour/session or 10% of my tuition fees to Montessori Peaks Academy.

The applicant does hereby agree to indemnify and hold harmless Montessori Peaks Academy and Jefferson County School District, its officers and employees against and from all liability, claims and demands on account of injury, loss or damage and any loss of any kind whatsoever which arise out of or in a manner connected with the event. Applicant agrees to be legally and financially responsible for the conduct and control of both patron and participant and to comply with all federal, state and local laws.

By signing this application, the applicant and representatives are bound by all of the policies, provisions and regulation of MPA and Jefferson County School District, as well as safety measures. Fees will be assessed for non-school functions in accordance to MPA policy and fees structure. This includes custodial services, damage to facility or materials and /or loss of keys/fobs. In the event my use is cancelled due to noncompliance, I understand I will not receive a refund of any fees paid or due.

I agree to the procedures as outlined above. I have provided MPA with a copy of my company's Liability Insurance.

Signature _____ Date _____

Principal (or designee) signature _____ .Date _____

Approved date _____ Disapproved date _____

PRINT

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