



2010-2011 SCHOOL YEAR REGISTRATION FORM

Student's Full Name _____ Birth Date _____

Academic Program _____ Gender _____

Do you intend to participate in a scholarship program (VPK, FL Pride, etc)? Yes or No

If yes, which one? _____

Student's Address:

Street City Zip

Child lives with: _____ Both Parents _____ Mother _____ Father Other: _____

FAMILY INFORMATION

Mother's Name: _____

Father's Name: _____

Address: _____
(if different)

Address: _____
(if different)

Contact Phone: _____

Contact Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

FINANCIAL COMMITMENT FORM

Student's Name: _____ Program: _____

Student's Annual Tuition: _____ Monthly Payment: _____

Registration Amount: _____ Unlimited Aftercare?: Yes or No

Who will be financially responsible for tuition? _____

TUITION POLICY

Tuition rate is based on a complete school year and for the convenience of our parents, is divided into 10 equal monthly payments. The first payment is due on August 1st, with final payment due May 1st. **Tuition payments are due on the 1st of each month and a late fee of \$35 is assessed after the 5th of the month.**

If a check is returned by the financial institution, a fee of \$29 or 5% of the check amount, whichever is greater, will be assessed. If there is a second occurrence, all payments for the remainder of the school year must be made in the form of cashier's check, cash or money order.

Students whose tuition accounts fall behind will not be allowed access to report cards / records and may not be allowed to attend classes until such accounts are made current.

FINANCIAL AID / SCHOLARSHIPS

Parents of students enrolled in financial aid & scholarship programs are responsible for the completion of all applicable forms, attendance sheets, etc. in a timely manner. A failure to maintain the status of their child's aid or scholarship will render the parent responsible for the full tuition amount.

EXTENDED CARE SERVICES

Extended Care Services are available at a rate of \$3 per day/per child for Before Care and \$6 per day/per child for After Care. Daily attendance is recorded and the parent is billed at the end of the month for the days use. If a parent elects to use our "Unlimited" option, they must pay the \$80 fee at the start of the month together with the tuition payment. Failure to pay the Unlimited fee at the start of the month will result in Extended Care Services being billed at the daily rate. If a student is picked up after 6:00 PM, the parent will be charged \$1 per minute and will be billed immediately after the occurrence.

Mother's Signature: _____

Father's Signature: _____

Driver License #: _____

Driver License #: _____

Date: _____

Date: _____

Medical Information

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

List allergies (**including food allergies**), special medical or dietary needs, or other areas of concern:

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. Ask your child's doctor for the blue & gold forms

By signing below, you verify that you will provide the required medical documentation and that all information on this enrollment application is complete and accurate.

Signature of Parent / Guardian

Date

Disciplinary Policy

(adapted from the Model School Discipline Policy published by the International Montessori Society)

Our School is committed to discipline of children that always dignifies and respects their own inner guidance and self-directed purpose for harmony, order, cooperation, and love towards their environment. Adults shall therefore only interact with children to support such self-discipline in children, to assure their compliance and cooperation with necessary procedures and proper behavior through such positive means as example, clear directions, reasoning, distraction, reflective language and questioning.

We consider any intentional inflicting of physical pain, or threat of such pain, on children, by such means as pulling hair, grabbing, pulling, hitting, spanking, slapping, pinching, etc., as strictly inconsistent and contrary to our discipline policy. We consider such actions as child abuse, which may also violate child protective laws that require us to report to pertinent government agencies.

This policy applies to all adults while on school premises, including regular staff, part-time personnel, volunteers and parents and their agents. All such adults are required to and hereby do agree to follow this

discipline policy at all times in their interaction with children on school premises. This policy also includes the actions of parents or their agents in the treatment of their own children while on school premises.

Any adult who violates this policy agrees to accept correction, direction or other suitable guidance to cooperate in a remedy of the situation, consistent with our discipline policy stated here.

The signature below indicates that the signing person has read and agrees to follow and support the above stated discipline policy.

Signature of Parent / Guardian

Date

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILDCARE FACILITY". Please sign below to indicate you've received a copy.

Signature of Parent / Guardian

Date

Permission to Release Child

Child will be released only to the custodial parent or legal guardian as well as the persons listed below. The individuals on this list must be prepared to show valid picture ID to the front-desk personnel when picking up your student.

Name Relationship Address Main Telephone#

Name Relationship Address Main Telephone#