



APPLICATION FOR ENROLLMENT 2021-2022

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Student Information: 12/10 month program \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Full Name (Last, First and Middle): \_\_\_\_\_  
Nickname \_\_\_\_\_  
Child's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

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Family Information:

Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone & Carrier/ Pager: \_\_\_\_\_  
Profession \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone & Carrier/ Pager: \_\_\_\_\_  
Profession \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

## 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: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern:

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\*\*\*\*\* Emergency Contacts/

Authorized Persons to pick up your Child:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone/ Pager: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone/ Pager: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Helpful Information About your Child:

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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.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary Practices used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

"I understand that, if my child is admitted to the school, my commitment is for a period of twelve or ten months as shown in my tuition selection and my agreement to pay for the school year is not subject to any adjustments due to illness, absence, vacations, holidays or school emergency closings."

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Name of Parent/Guardian

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Signature of Parent/Guardian

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Date

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Name of Parent/ Guardian

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Signature of Parent/Guardian

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Date

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Name of VM Witness

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Signature of VM Witness

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Date

TODDLER + PRESCHOOL ONLY (16 MO TO 5 YEARS OLD) 10 MONTH PROGRAM			
	Program	Time	Monthly
	Half Days	8:30 – 11:30 a.m.	\$1,127
	Full Days	8:30 – 3:00 p.m.	\$1,323
	Full Days + After School	8:30 – 5:30 p.m.	\$1,578

TODDLER & PRESCHOOL CLASSROOMS (16 MO TO 5 YEARS OLD) 12 MONTH PROGRAM			
	Program	Time	Monthly
	Half Days	8:30 – 11:30 a.m.	\$1,097
	Full Days	8:30 – 3:00 p.m.	\$1,285
	Full Days + After School	8:30 – 5:30 p.m.	\$1,540
	**All Day Montessori (Preschool Only)	8:30 – 5:30 p.m.	\$1,807

MONET CLASSROOM INFANTS (3 TO 16 MONTHS OLD) 12 MONTH PROGRAM			
	Program	Time	Monthly
	3 Full Days	8:30 – 3:00 p.m.	\$1,140
	Half Days	8:30 – 11:30 a.m.	\$1,140
	Full Days	8:30 – 3:00 p.m.	\$1,382
	Full Days + After School	8:30 – 5:30 p.m.	\$1,637

	Early Care	7:30 am to 8:30 am	\$80 monthly
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Once the child is Re enrolled non-refundable annual enrollment fee of \$1,200.00 will be processed through your tuition express account on Feb 8th. If enrolled by early re-enrollment deadline you will receive a 20% discount on annual enrollment fees.

After school/Early care daily fee \$25.00 (if not enrolled in after care/early care)

An additional charge of \$2.00 per minute is applied for late pick up after 5:30 p.m.

One payment discount of 4% and two payments discount of 2.4% Siblings discount is 10% with full time enrollment

\*\* Includes enrichment activities, in addition to the second Montessori work cycle.

\_\_\_\_\_  
Name of Parent/Guardian/Date

\_\_\_\_\_  
Name of Parent/Guardian Date

\_\_\_\_\_  
Signature of Parent/Guardian/Date

\_\_\_\_\_  
Signature of Parent/Guardian Date

## BIRTHDAY PARTY REQUIREMENTS

We appreciate and welcome parents who want to make our facility part of their child's birthday celebration. All arrangements are to be coordinated with the classroom lead teacher. Below is a list of the supplies that must be supplied by the parents for the birthday parties; all other items are optional. Please note we do not provide any party supplies.

Mini cupcakes (no frosting, no chocolate)  
No sugar Juice (no soda)  
Lunch (if desired) – Pizza

Candles  
Cups, Spoons, Plates, Napkins

All parties must be held at a predetermined time approved by the teacher. Parties can only last one hour and parents are to take the child with them after the party is over. Parents must be here at least half hour before and supply all the party supplies. If ordering lunch for the class, it must be at the school on time and already paid for.

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Signature of parent/guardian

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Date

## PHOTO/MEDIA CONSENT FORM

- (1) I consent for Village Montessori to take photographs of me and/or my child. I understand that the photographs may be used by Village Montessori for training of staff within the school.
- (2) I further understand that the photographs may be used in the promotion and/or marketing of Village Montessori and its related services in various media sources, including Village Montessori's publications (newsletter and website) print media (e.g., magazines, newspapers) and television and/or radio programming.
- (3) I understand that my consent is voluntary and that I am free to withdraw this consent at any time without penalty to myself and/or my child. I understand that withdrawing my consent will not affect my own and/or my child's participation in or access to other services provided at Village Montessori.
- (4) Any questions, comments, or concerns I might have about Village Montessori, its activities, or the informed consent process, may be addressed to: Joan Rodriguez Malone, Director at 305-776-0245.  
I authorize Village Montessori to use photographs of me and/or my child: ☐ YES ☐ NO

I authorize Village Montessori to use photographs of me and/or my child for the following training purposes:  
☐ Staff Training ☐ Local/Community Training ☐ NONE

I authorize Village Montessori to use photographs of me and/or my child for the following promotional purposes: ☐ VM publications ☐ Print Media ☐ TV/Radio ☐ Facebook ☐ Website ☐ NONE

I, \_\_\_\_\_, hereby give consent for Village Montessori to photograph me and my child for the purposes outlined above.

I hereby release Village Montessori and its employees from all liability in connection with my consent to allow Village Montessori to create media involving myself and/or my child. I hereby consent to allow unlimited use of the types of media specified in this consent agreement for the purposes I have indicated on the reverse side. I understand that if I request that my identity not be disclosed Village Montessori will make every reasonable effort to avoid disclosing it. In addition, I understand that I may withdraw this consent at any time in the future by sending a written request to: Village Montessori, 1414 SW 22<sup>nd</sup> Street, Miami, FL 33145.

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I, \_\_\_\_\_ affirm that I have read and understand this acknowledgment and voluntarily sign this document on my own behalf and/or on behalf of my child.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

#### DISCIPLINE AND GUIDANCE

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Montessori approaches to discipline focus on mutual respect. Since students are choosing their own activities (or, likewise, choosing NOT to do an activity), they establish "ownership" with their educational experience, and are far less likely to act inappropriately. Discipline rules are "generally kept to a minimum, stated and presented in a positive manner with an emphasis on safety, respect for others / environment, and the results benefit all members of the group".

Discipline procedures in a Montessori school tend to reflect nurturing and sensitivity, stress personal responsibility, and are utilized to maintain an environment of freedom and comfort.

All parents are required in Section 10M-12.013 to be notified in writing of the Disciplinary Practices used at a childcare facility

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## SCHEDULES HOLIDAYS PARENT AGREEMENT

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I am the parent/legal guardian of \_\_\_\_\_  
(Child's Name)

I agree to abide by the requirements written bellow and all policies in the Parent Handbook for Village Montessori. Village Montessori promises continual fulfillment of all policies and agrees to provide care for the above mentioned child who meets the standards and guidelines as set forth below and in the Parents Handbook. I am aware of the scheduled holidays, which are:

Independence Day	Veteran's Day	Thanksgiving Break (2 days)
Christmas Vacation (2 weeks)	Martin Luther King	President's Day
Spring Break (1 week)	American Montessori Society Annual Conference	
Teachers Planning Days (7 days)	Columbus Day	

_____ Name of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of VM Witness	_____ Date

## RE ENROLLMENT REQUIREMENTS

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Required medical forms must be submitted prior to their expiration or the start of your child's first day of school. These medical forms (Immunization 680 & Health Examination #3040) can be obtained at your child's pediatrician's office.

All payments are to be made through Tuition Express on the 27<sup>th</sup> of each month. I understand and agree that after the 1st of the month, there will be a \$35.00 late fee or returned check or card fee will be charge and a \$5.00 daily late fee will be assessed if any portion of the tuition is past due. If you wish to pay via credit card a \$35 processing fee will be assessed. Full tuition is due each month. No credit will be issued for absent or missed school time. Each student is admitted for the full term and deposits, fees and tuition for the full term are not subject to adjustments or refunds because of absence, illness, or withdrawal, or failure to meet 90 days of probationary standard.

_____ Signature of Parent/Guardian	_____ Date
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## PARENT HANDBOOK

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I, \_\_\_\_\_, parent/guardian of  
\_\_\_\_\_, have read Village Montessori Parent  
Handbook, have reviewed the policies and procedures and understand them.

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Signature of Parent/Guardian

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Date

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Signature of VMDS Witness

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Date