



APPLICATION FOR ENROLLMENT 2024-25 (Coral Way and Shenandoah Campus)

Student Information: 12/10 month program_____

Date of Birth: ____/____/____ Sex: _____ Date of Enrollment: ____/____/____

Full Name (First, Last, Middle): _____

Nickname _____

Child's Address: _____ City _____ State _____ Zip _____

Primary Hours of Care: From _____ To _____

Family Information:

Mother's Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell Phone _____

Profession _____ Employer: _____

Address: _____ City _____ State _____ Zip _____

Work Phone: _____ Extension: _____ E-mail: _____

Father's Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell Phone _____

Profession _____ Employer: _____

Address: _____ City _____ State _____ Zip _____

Work Phone: _____ Extension: _____ E-mail: _____

Custody: Mother _____ Father _____ Both _____ Other _____

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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: _____

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 _____

Work Phone: _____

Name: _____ Relationship _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____

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).

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."

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Name of Parent/ Guardian

Signature of Parent/Guardian

Date

Name of VM Witness

Signature of VM Witness

Date

PARENT HANDBOOK

I, _____ parent/guardian of _____
_____ have read the Village Montessori Parent Handbook,
_____ have received the policies and procedures and understand them.

Signature of Parent/Guardian

Date

Signature of VMDS Witness

Date



APPLICATION FOR ENROLLMENT

MONET INFANT CLASSROOM 12 MONTH PROGRAM- 2024-25				Mark with a ✓
Registration	Program	12 Payments	Total Tuition	
1,400.00	3 Full Days	1,420.00	17,040.00	
1,400.00	Half Day	1420.00	17,040.00	
1,400.00	Full Day	1,720.00	20,640.00	
1,400.00	Full Day + Afterschool until 5:30 PM	2,034.00	24,408.00	
TODDLER AND PRESCHOOL ACADEMIC PROGRAM (16 months- 5yrs old) – 2024-2025				
Registration	Time	10 Payments	Total Tuition	
1,400.00	Half Day	1,378.00	13,780.00	
1,400.00	Full Day	1,596.00	15,960.00	
1,400.00	Full Days + After school until 5:30 PM	1,921.00	19,210.00	
1,400.00	All Day Montessori (Pre-school Only) 8:30-5:30 PM	2,184.00	26,208.00	
Afterschool Care 3:00-4:30 P.M		275.00/month	\$ 30.00/Daily	
Afterschool Care 3:00-5:30 P.M		325.00/month	\$2.50 (per minute) Late Fee after 5:30 pm	
Early care 7:30 A.M		84.00/month		
Security fee		50.00/month		

- Once the child is enrolled, a non-refundable annual enrollment fee of \$1,400.00 will be processed through your tuition express. Credit Card-3.5% convenience fee (Visa and MasterCard only). Services are terminated at the end of that month in which the monthly payment schedule is not met.
- After school/Early care daily fee \$30.00 (if not enrolled in after care/early care). An additional charge of \$2.50 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.

APPLICATION FOR ENROLLMENT 2024-25

I/We have read and understood the above information and will abide by this agreement.

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 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 an 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.

Signature of parent/guardian

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 ____ NONE ____ Website

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

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

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

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 Martin | Thanksgiving Break (2 days) |
| Christmas Vacation (2 weeks) | Luther King | President's Day |
| Spring Break (1 week) | Juneteenth | American Montessori Society Annual Conference |
| Teachers Planning Days (7 days) | Summer Break (Monet open, 2 weeks) | Columbus Day |

 Name of Parent/Guardian

 Date

 Signature of Parent/Guardian

 Date

 Signature of VM Witness

 Date

ENROLLMENT REQUIREMENTS

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 1st 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 3.5 % 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



OUTDOOR SUMMER CAMP SCHEDULE 2025

TODDLERS (16 Mos.-3 Yrs.)

PRE-SCHOOL (3-6 Yrs.)

ALL PAYMENTS ARE NON-REFUNDABLE

June–August 2025 (Eight Weeks):

Please **CHECK**

Session		Weekly Tuition	Attending
Week 1	June 9-13	\$400	
Week 2	June 16-21	\$350 - Closed June 19	
Week 3	June 23-28	\$400	
Week 4	June 30-3	\$350 - Closed July 4	
Week 5	July 7-11	\$400	
Week 6	July 14-18	\$400	
Week 7	July 21-25	\$400	
Week 8	July 28-Aug 1	\$400	

(4 Weeks MINIMUM)

Registration Fee \$0.00 current families	Registration Fee \$100 new families
Extended care: 4:30pm: \$60.00/ per week	Extended care 5:30pm: \$70.00/per week

A 5% Discount is available for siblings.

Extended Care on a daily need basis is \$30 daily

Enrichment activities will be offered during the summer camp.

You may find registrations forms in administrative office.

Date

Name of Student

Date

Name of parent/guardian

Date

Signature of parent/guardian