



APPLICATION FOR ENROLLMENT 2024-25 (Killian 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 \_\_\_\_\_

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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: \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Mother

APPLICATION FOR ENROLLMENT 2024-25

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 \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

APPLICATION FOR ENROLLMENT 2024-25

Helpful Information About your Child:

Four horizontal lines for providing helpful information about the child.

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



12 MONTH PROGRAM- 2024-2025				Mark with an X
Registration	Time	Monthly Tuition	Total Tuition Cost	
1,400.00	Half Day 8:15-11:30 AM (Toddlers) Half Day 8:30-12:30 PM (Preschool)	1,326.00	15,912.00	<input type="checkbox"/>
1,400.00	Full Day 8:15-2:45 PM	1,554.00	18,648.00	<input type="checkbox"/>
10 MONTH PROGRAM - 2024 - 2025				
Registration	Time	Monthly Tuition	Total Tuition Cost	
1,400.00	Half Day 8:15-11:30 AM (Toddlers) Half Day 8:30-12:30 PM (Preschool)	1,378.00	13,780.00	<input type="checkbox"/>
1,400.00	Full Day 8:30- 2:45 PM	1,596.00	15,960.00	<input type="checkbox"/>
Afterschool Care 3:00-4:30 P.M		275.00/month	\$ 30.00/Daily	<input type="checkbox"/>
Afterschool Care 3:00-5:30 P.M		325.00/month	\$2.00 (per minute) Late Fee after 5:30 pm)	<input type="checkbox"/>
Early care 7:30-8:15/8:30 A.M.		84.00/month		<input type="checkbox"/>

- Once the child is enrolled, a non-refundable annual registration 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.
- To place your child in a waiting list, a non-refundable deposit of \$300.00 is required. Once you enroll, amount will be credit to your account.

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 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.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
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  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

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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 there is a google school calendar available in our website and transparent classroom which is subject to change. School calendar includes holidays, winter break, summer break, spring break, teacher planning days and professional days.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of VM Witness

\_\_\_\_\_  
Date

**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 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 \$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

## 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.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of VMDS Witness

\_\_\_\_\_  
 Date

### PERSONAL SUPPLIES INFORMATION:

In order to make it easier for everyone we have created a list of personal items you will need to bring to school. All personal supplies must be labeled with child's name.

#### Supplies:

1. Labeled stainless steel water bottle.
2. Nap Time Package from TLC - Stella Ramirez (305) 310-0205. (16 months-3 years old)
3. Three picture 4x6. (Toddlers only)
4. Online uniforms from Landsend 1- 800 963-4816 preferred school number 9001-2737-4.
5. Local Uniforms available at Dennis Uniforms.  
Address: 8807 SW 132nd St, Miami, FL 33176 Phone: (305) 254-0000
6. Lunch Box
7. One plant for the classroom
8. Immunization and Physical form

#### Catering:

TASTY FOOD TO GO ( <https://www.tastyfoodtogo.com/> )

- Fresh and high quality ingredients. No GMO's, pesticides or antibiotics
- Lunch delivered every day to your school warm and fresh
- Varied menu every day of the week made in a licensed and insured production center
- Temperature control during the whole process until Lunchbox is delivered

#### PIZZA:

Please be advised Friday's we offer Pizza to the students of ages 16 months-6 years of age. This must be paid in advance and each slice is \$2.00