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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | OFFICE USE ONLY | | | Enrollment Date |  | | Start Date |  |  The Bexley Montessori School at Land O` Lakes 17600 Brighton Lake Road Land O` Lakes, FL 34638  **2023 – 2024 Student Application for Registration** | | | | | |
| Please submit 2023-2024 STUDENT APPLICATION FOR REGISTRATION along with $300.00 non-refundable registration fee **PLEASE PRINT LEGIBLY** | | | | | |
| STUDENT Information | | | | | |
| Full Name: | | | | Nickname: | |
| Date of Birth: | | Age: | | | Sex: (Please circle one) Male Female |
| Current Address: | | | | | |
| City: | | State: | | | ZIP Code: |
| Resides With: (Please circle one) Both Mother Father Joint Custody\* (\*Custody Arrangement Form must be on file) | | | | | |
| PARENt/GUARDIAN Information | | | | | |
| Parent #1: | | | | | |
| Current Address: | | | | | |
| City: | | State: | | | ZIP Code: |
| Home Phone: | Cell Phone: | | | E-mail: | |
| Current Employer: | | | | | Occupation: |
| Employer Address: | | City/State/ZIP: | | | Work Phone: |
| PARENt/GUARDIAN Information | | | | | |
| Parent #2: | | | | | |
| Current Address: | | | | | |
| City: | | State: | | | ZIP Code: |
| Home Phone: | Cell Phone: | | | E-mail: | |
| Current Employer: | | | | | Occupation: |
| Employer Address: | | City/State/ZIP: | | | Work Phone: |
| AUTHORIZed PERSONS FOR PICK UP / emergency contact The 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: | | | | | |
| Authorized Person Name | | Phone: | | | Relationship: |
| 1. | | 1. | | | 1. |
| 2. | | 2. | | | 2. |
| 3. | | 3. | | | 3. |
| 4. | | 4. | | | 4. |
| 5. | | 5. | | | 5. |
| 6. | | 6. | | | 6. |
| EDUCATIONAL AND HOME INFORMATION | | | | | |
| Has your child attended any day care or pre-school before? If yes, for how long? | | | | | |
| Does your child have special needs? If yes, please explain. | | | | | |
| Does your child have any unusual eating habits? If yes, please explain. | | | | | |
| Does your child nap regularly? If yes, for how long at a time? | | | | | |
| What is your ethnic background (optional)? | | | | | |
| Do you celebrate any special holidays? If yes, please explain. | | | | | |
| What is your child’s primary/secondary language? | | | | | |
| Is there anything else we should know about your child? | | | | | |
| PHOTO RELEASE AUTHORIZATION This release is required to be on file consenting for your child to be photographed while at school. Photos may be used in school displays, brochures, newspapers, school website, newsletters, and social networking site. **Please circle your choice of consent.** | | | | | |
| DO CONSENT DO NOT CONSENT | | | | | |
| AUTHORIZATION to leave gated area for special event/presentation This release is required to be on file consenting for your child to be outside the gated area for reasons such as a visit from the fire department, other community helper, or St. Jude Trike-A-Thon. **Please circle your choice of consent.** | | | | | |
| DO CONSENT DO NOT CONSENT | | | | | |
| MEDICAL INFORMATION | | | | | |
| Physician name: ADDRESS: phone: | | | | | |
| DENTIST’S NAME: ADDRESS: phone: | | | | | |
| hospital preference: ADDRESS: phone: | | | | | |
| list any allergies, special medical or dietary needs, or other areas of concERN. (PuT N/A IF NONE): | | | | | |
|  | | | | | |
| If my child should become ill or injured at The Bexley Montessori School at Land O`Lakes, I understand the facility will:  1) contact me immediately, and 2) contact the person(s) designated by me if I cannot be reached.  Should the facility be unable to reach me, or the person(s) designated, they are authorized to contact my child’s physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are *authorized* to administer emergency medical treatment necessary to ensure the health and safety of my child. *I will accept responsibility for all payments for medical services rendered.*  Signature Parent/Guardian: Date: | | | | | |
| PLEASE INITIAL EACH STATEMENT BELOW | | | | | |
| * Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current Physical Examination (Form 3040) and Immunization Record (Form 680 or 681) within 30 days of enrollment. * Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility”. * Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the childcare facility. I understand the discipline procedures at the school as stated in the Parent Handbook. * I acknowledge that I have received and signed “The Flu Guide for Parents”. I understand that “The Flu Guide for Parents” must be signed every August of the school year my child attends at The Bexley Montessori School at Land O` Lakes. * I acknowledge that I have received and signed “Distracted Adult: Getting In, Getting Out” flyer. I understand that “Distracted Adult: Getting In, Getting Out” flyer must be signed every September and April of the school year my child attends at The Bexley Montessori School at Land O` Lakes. * I have been provided a copy of The Bexley Montessori School at Land O` Lakes Parent Handbook and hereby agree to abide by it in full.   **Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child’s records.**  Signature Parent/Guardian: Date: | | | | | |
| PROGRAM DAYS AND PROGRAM SCHEDULE (Please CHOOSE) | | | | | |
| * Three Day (Monday/Wednesday/Friday) * Five Day (Monday through Friday) | | | * Half Day (7:15 a.m. -12:00 p.m.) * Full Day (7:15 a.m. – 3:00p.m.) * Extended Day (7:15 a.m. - 6:00 p.m.) | | |
| PAYMENT PLAN (PLEASE CHOOSE) | | | | | |
| * Plan A One Full Annual Payment (4% discount) * Plan B Two Semi-Annual Payments (2% discount) * Plan C Ten Monthly Payments (August – June) due on the 1st of each month | | | | | |
| PARENT / SCHOOL AGREEMENT | | | | | |
| * I/We agree the named child is admitted for the full term and I/we hereby agree to pay tuition and fees for the full term (for the remainder of the term if enrollment is after the school year begins). * I/We hereby elect to pay tuition and fees to **The Bexley Montessori School at Land O`Lakes** tuition schedule for the academic school year: **2023-2024** based on the payment plan above. * As stated in the Parent Handbook, I/ we understand that the **Registration Fee is NON-REFUNDABLE**. * As stated in the Parent Handbook, I/we understand that if I/we choose to withdraw the child from the school for any reason, I/We will be responsible to give the school a **30-day notice** and the **Registration Fee is NON-REFUNDABLE under any circumstances.** * I/We agree that the enrollment will be canceled within 7 days if tuition payment has not been met. * I/We understand the tuition installment plan is due every month irrespective of how many days your child is absent due to sickness, family vacations, or official holidays/breaks observed by the school.   **I have read and agree to all items stipulated in the 2023-2024 Student Application for Registration, 2023-2024 Parent Handbook.**  Signature Parent/Guardian: Date: | | | | | |