

Flowers Montessori School

Persons permitted to remove child from school:

Mother: Yes _____ No _____

Father: Yes _____ No _____

Name: _____ Address/Phone: _____

Name: _____ Address/Phone: _____

Child's previous school: _____

Do you give Flowers Montessori School permission to contact your doctor or dentist in case of emergency when parents or guardian may not be contacted? _____

Forms that must be submitted prior to first day of attendance:

- 1) Children & Families Child Care Application for Enrollment
- 2) Immunization form (Available from Doctor)
- 3) 3040 form (Available from Doctor)

Parents/guardians MUST read the Child Abuse Pamphlet, Influenza Virus brochure and the Flowers Montessori School Disciplinary policy.

*I have reviewed the Influenza Virus brochure and the Know Your Childcare Facility at <http://www.dcf.state.fl.us/programs/childcare/pubs.shtml>

Revisit this website in August and September to review current year updates.

I give Flowers Montessori School permission to apply: (Circle yes or no)

Sunscreen	YES	NO
Insect repellent	YES	NO

Signature: _____

Print Name: _____

Admissions Policy

Flowers Montessori School admits students of any race, color, religion, sex, nationality and ethnic origin. Flowers Montessori School does not discriminate on the basis of race, color, religion, sex, nationality and ethnic origin in the administration of any of its policies or programs. Admissions are based upon the space available.

Disciplinary Procedure

Upon disruption, the child will be asked to remove himself/herself from the group. A thinking chair is provided for the child to contemplate his/her action. When the child feels ready to participate, he/she will be welcomed back to the group. If further disciplinary action is necessary we will immediately contact the parents. It is our goal to keep constant communication with our parent body.

Calendar

***Our calendar is based upon the Alachua County School Board calendar with some exceptions. We reserve the right to make any changes to the schedule as necessary. We will attempt to give prior notice for any adjustments, however, we cannot be held responsible for schedule changes due to weather related issues or other unforeseen circumstances.

Flowers Montessori School
3111 Northwest 31st Avenue, Gainesville, Florida 32605

TUITION CHARGES FOR THE 2017/2018 ACADEMIC YEAR

Full Day Program \$8,470
Monday - Friday
8:30 - 2:30

Tuition payments can be made in 10 equal installments of \$847 due on the first of each month beginning August 1st, 2017 and ending May 1st 2018.

Half Day Program \$7,700
Monday - Friday
8:30 - 11:30

Tuition payments can be made in 10 equal installments of \$770 due on the first of each month beginning August 1st, 2017 and ending May 1st 2018.

Enrollment and Materials Fee:

The enrollment fee is \$395.
This fee is non-refundable and due with your application.

Materials fee is \$325 for full day students and \$275 for half day students.
This fee is non-refundable and is due June 1st, 2017.

Before school childcare from 7:30 a.m. to 8:30 a.m is a free courtesy provided to all Flowers Montessori families.

After School Adventure is available from 2:30 p.m to 5:30 p.m at the rate of \$5.00 per hour. Any child picked up after 5:30 p.m. will be charged at the rate of \$1.00 per minute.

Flowers Montessori School is open daily from 7:30 a.m. to 5:30 p.m.



TUITION CONTRACT

I, _____ understand the tuition terms for the 2017/2018 school year
(Parent's name)

for my child, _____ states that the enrollment and materials fees are
(Child's name)

non-refundable if I withdraw my child. I also understand that I am responsible for the remaining tuition installments due through the end of May, 2018 if I withdraw my child before that time. Late Fees: A late fee of \$25.00 will be assessed if monthly installment has not been received by the 10th of each month unless prior arrangements have been made.

Parent Signature

Date

PERMISSION FOR FOOD RELATED ACTIVITIES AND SPECIAL OCCASION FOOD CONSUMPTION

Pursuant to 65C-22.005(1)©2., F.A.C licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as:
classroom cooking projects, gardening, school wide celebrations and birthdays.

I, _____ give/decline (circle one) permission
(Parent's name)

for my child, _____ to participate in food related activities
(Child's name)
and special occasions wherein food is consumed.

Please provide the following: (Check One)

_____ My child does NOT have a food allergy or dietary restriction. YES they may participate!

_____ My child does NOT have a food allergy or dietary restriction. THEY MAY NOT participate.

_____ YES my child DOES have a food allergy or dietary restriction. He/She MAY NOT participate!

_____ YES my child DOES have a food allergy or dietary restriction.
He/She may participate in activities, but may not eat or handle the following items:

_____ YES my child DOES have a food allergy or dietary restriction.
He/She MAY NOT participate! All foods must be from home only!

I understand it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature

Date



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: Sex: Date of Enrollment:

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With:

Mother's Name: Father's Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

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: Address: Phone:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

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

Contacts:

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 Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Helpful Information About Child:

- 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" (CF/PI 175-24), **or**
Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or**
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date