

Flowers Montessori School  
3111 Northwest 31st Avenue, Gainesville, Florida 32605  
Phone:(352)376-4700 Fax: (352)372-7383 e-mail: flowers3111@bellsouth.net  
www.flowersmontessori.com

## Application for Admission 2019/2020 School Year

Date: \_\_\_\_\_

This application is hereby made for admission of : \_\_\_\_\_  
as a student in Flowers Montessori School for the entire 2019/2020 academic year.

My child will attend:

Full Day Program, 8:30 a.m. - 2:30 p.m \_\_\_\_\_

Half Day Program, 8:30 a.m.- 11:30 a.m \_\_\_\_\_

Date of Birth:     /     /       
Child's age as of Sept. 1st, 2019

Gender: \_\_\_\_\_  
Years: \_\_\_\_\_ Months: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Persons to be notified in case of illness or accident:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_

**Allergies:**

## Flowers Montessori School

Persons permitted to remove child from school:

Mother: Yes \_\_\_\_\_ No \_\_\_\_\_

Father: Yes \_\_\_\_\_ No \_\_\_\_\_

Additional persons permitted to remove child from school:

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.

### 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.

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## TUITION CHARGES FOR THE 2019/2020 ACADEMIC YEAR

**Full Day Program** \$9,150  
Monday - Friday  
8:30 - 2:30

Tuition payments can be made in 10 equal installments of \$915 due on the first of each month beginning August 1st, 2019 and ending May 1st 2020.

**Half Day Program** \$8,150  
Monday - Friday  
8:30 - 11:30

Tuition payments can be made in 10 equal installments of \$815 due on the first of each month beginning August 1st, 2019 and ending May 1st 2020.

### **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, 2019.

**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 \$5.50 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 2019/2020 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, 2020 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.

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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  
as a studer (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:

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\_\_\_\_\_ 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

## Discipline and Expulsion Policy

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. Circumstances may warrant the dismissal of a child either on a short term or permanent basis. Our primary focus is the well-being of every child in our school. We will do everything possible to work with our families in order to mitigate any of the following reasons which may result in dismissal from the program.

### Parental Actions

- Account in arrears or repeated late payments
- Habitual tardiness when picking up child
- Physical or verbal abuse to staff
- Failure to submit required documentation
- Continual disregard of recommendations necessary to a child's school success

### Student Actions

- Inability of child to adjust after a reasonable amount of time
- Uncontrollable outbursts
- Physical or verbal abuse to staff or other children

### Proactive Actions to Prevent Expulsion

- Redirect child from negative behavior
- Reassessment of classroom environment and activities
- Positive methods and language when discipline required
- Praise of appropriate behavior
- Consistent application of consequences
- Verbal warnings
- Loss of certain privileges
- Disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be notified verbally
- Parent/guardian given written copies of behaviors
- Parental conference with Director
- Parent/guardian supplied with literature or alternative resources regarding methods of improving behavior
- Recommendation of evaluation by professional consultant