

# Montessori at Roseborough

751 East 5th Avenue  
Mount Dora, FL 32757  
352-735-2324 www.montessoriatroseborough.com

## Application for Admission 2017/2018 School Year

Date \_\_\_\_\_

Application is hereby made for the admission of \_\_\_\_\_  Boy  Girl

Date of Birth (mm/dd/yy): \_\_\_\_\_ Age this school year on August 1<sup>st</sup>: \_\_\_\_\_ yrs. \_\_\_\_\_ mos. (ex. DOB 06/01/14, 3 yrs 2 mos.)

Please check one	Academic Program	Days	Hours
<input type="checkbox"/>	Infant	Monday - Friday	8:30 am - 11:30 am
<input type="checkbox"/>	Toddler	Monday - Thursday	8:30 am - 11:30 am
<input type="checkbox"/>	Toddler	Monday - Friday	8:30 am - 11:30 am
<input type="checkbox"/>	Morning Primary	Monday - Friday	8:30 am - 11:30 am
<input type="checkbox"/>	Extended Primary	Monday - Friday	8:30 am - 2:45 pm
<input type="checkbox"/>	Elementary	Monday - Friday	8:30 am - 3:00 pm
<input type="checkbox"/>	Middle School/Adolescent Program	Monday - Friday	8:15 am - 3:15 pm

### Family Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ City/Zip: \_\_\_\_\_

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

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

Cell Carrier (for texting): \_\_\_\_\_ Cell Carrier (for texting): \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Custody: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Other \_\_\_ Child Lives With: \_\_\_\_\_

Names & ages of siblings: \_\_\_\_\_

Please describe any family circumstances that may be helpful for us to know. Please attach separate sheet if needed:

List other Montessori, day care, or nursery schools your child has attended and for what period:

Referred by: \_\_\_\_\_

**Both parents must initial and sign the back of this agreement.**

## Policies for Montessori at Roseborough, Inc.

**ADMISSIONS:** *Applicants to Montessori at Roseborough are accepted on the basis of age, previous experience, and a family interview.* We welcome children of any race, creed, or ethnicity. If classes are full, applicants will be placed on a waiting list, with students previously enrolled at the school having priority and their siblings, second priority.

**PLACEMENT:** Placement of new students is determined by school staff in a consultation with the parents. Consideration is given to available spaces in our programs and class composition.

**ADVANCE FEE:** A non-refundable advance fee will hold your child's place at the school. Applications will not be processed until the advance fee has been received.

**TUITION PAYMENTS:** Payments will be due on the first of each month, August-May. A 10% penalty will be assessed for payments received after the fifth (5<sup>th</sup>) of the month.

**TAX BENEFIT NOTE:** An income tax credit for child-care cost may be available for families in which both parents work or a single parent works. Please consult your tax professional.

### **AGREEMENTS** *please initial each*

\_\_\_\_\_ I will pay the full tuition as indicated per the current published schedule. Tuition is not subject to adjustment because of illness, absence, or withdrawal.

\_\_\_\_\_ I understand that completion of a school year is necessary for consistency in my child's education. I am accordingly enrolling my child for the full school year [or remainder therefore]. I understand furthermore that Montessori philosophy embraces three learning cycles considered fundamental to every child's education; namely, the Infant/Toddler Program [3 months-3 years], Primary [3-6 years], Elementary [6-12 years], Middle School/Adolescent Program (12-15 years) in a Montessori school setting.

\_\_\_\_\_ I agree that, if I should decide to withdraw my child from his/her program prior to the end of the school year, I will provide written notice one month in advance, or assume responsibility for one month's tuition beyond un-notified withdrawal.

\_\_\_\_\_ The Head of School has the right to request the withdrawal of a child at any time if it is deemed to be in the best interest of the student body. In this event, compensation will be made for prepaid tuition.

\_\_\_\_\_ A current medical exam, immunization record and birth certificate will be submitted before admittance to the class.

\_\_\_\_\_ I agree to attend parent information meetings and conferences as listed on the school calendar. The School can best assist a child's development when communicating effectively with the child's primary care providers.

\_\_\_\_\_ I agree to permit the participation of my child in portrayals of school activities in photographs, films, slides, or other representations of the school. This may include ads, brochures, Facebook, teacher training, newsletters and website etc.

\_\_\_\_\_ I agree to permit the participation of my child in any field trips organized by the school.

\_\_\_\_\_ I agree to follow procedures and policies explained in the Parent Handbook and memos to parents.

\_\_\_\_\_ In case of emergency, permission is granted for my child to be treated at a hospital.

**In signing this agreement, parent or guardian has read the front and back of the Application for Admissions, and agreed to all policies and procedures stated. The parent/guardian received a copy of "Know Your Child Care Facility" and "Flu Guide for Parents" (for children 5 and under). Both parents must sign below.**

Date \_\_\_\_\_ Signature \_\_\_\_\_ Mother/Legal Guardian Phone \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Father/Legal Guardian Phone \_\_\_\_\_