

A BOCA RATON MONTESSORI SCHOOL
1540 NW 15TH VISTA
BOCA RATON FL. 33432
(561) 368-5253

REGISTRATION FORM 2014-2015

Registration fee \$195.00 (non refundable, non transferable)
Supply fee \$135.00 (non refundable, non transferable)

Registration Date _____ Enrollment Date _____

Child's Name _____ Birth Date _____

Mother's Name _____
Address _____ Community _____
City _____ Zip Code _____
Home Telephone _____ SS# _____
Occupation _____ Employer _____
Work Phone _____ Cell Phone _____
Email Address _____
Father's Name _____
Home Address _____
Occupation _____ Employer _____
Home Phone _____ Work Phone _____
SS# _____ Cell Phone _____

MY CHILD MAY BE RELEASE TO THE FOLLOWING DESIGNATED PERSON(S):

1 _____ 2 _____
3 _____ 4 _____
5 _____ 6 _____
7 _____ 8 _____

EMERGENCY NUMBERS OTHER THAN PARENTS (name, address, and phone)

1 _____
2 _____
3 _____
4 _____

Note: The people listed above can be reached to assume responsibility for the child,
if for some reason, the parents CAN NOT be reached in an EMERGENCY

CLASS ENROLLMENT INFORMATION
PLEASE CHECK ONE OF THE FOLLOWING:

Full Three Days	Monday - Friday_____	7:40 - 2:30_____
Full Five Days	Monday- Friday_____	7:40 - 2:30_____
Full Three Extended Days	Monday - Friday_____	7:40 - 5:30_____
Full Five Extended Days	Monday - Friday_____	7:40 - 5:30_____

EMERGENCY MEDICAL INFORMATION

Doctor to notify in case of emergency if parents can not be contacted:

Name_____Phone Number_____

Address_____

Hospital of choice_____

Allergies_____

Physical or Emotional problems o disabilities_____

I hereby grant permission for my child to use all the play equipment on the premises of the school and participate in all activities at the school.

I hereby grant the Director/Owner or Acting Director to take whatever steps that may be necessary to obtain emergency medical, if warranted. These steps may include, but are not limited to the following:

- 1- Attempt to contact parent or guardian
- 2- Attempt to contact child's physician
- 3- Attempt to contact parent through any of the emergency numbers listed on registration form.
- 4- If we can not contact you or your child's physician, we will do any or all of the following:
 - A- Call another physician
 - B- Call an ambulance or paramedic
 - C- Take the child to the hospital

ANY EXPENSE INCURRED AS A RESULT OF ANY OF THE ABOVE EMERGENCY STEPS IS THE RESPONSIBILITY OF THE PARENT OR GUARDIAN. A BOCA RATON MONTESSORI SCHOOL IS NOT RESPONSIBLE FOR ANY PHYSICIAN, HOSPITAL OR MEDICATION CHARGES OTHER THAN THOSE COVERED BY THE STUDENT ACCIDENT INSURANCE POLICY.

PARENT HANDBOOK

I have received a copy of the **parent handbook** for the school year. I do realize that it contains policies and procedures for the school and that it is my responsibility to read and understand these rules and abide them. These policies and procedures apply to our summer camp also.

DISCIPLINE STATEMENT

Our program is designed with interesting and creative activities geared to the child developmental stages and does much to eliminate the need for disciplinary measures. Should the problem occur, the child is given "time out" from the classroom activities in **FULL VIEW** of the teachers. Parents are notify if a problem continues so that they may reinforced appropriate behavior at home. Parent/teacher communication is a key to the handling of disciplinary actions at home or at school. There is **NEVER** any physical punishment to the child.

FEE SCHEDULE

All tuition is based on the total year of the program due by the first of each month starting August 1. A late charge of \$20.00 per week is applied if payment is not received by the 7th of the month. Please be prompt in paying tuition when due.

NAME OF CHILD _____

1- ARTICLE XV, B, 7,A, PBC rules require that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S CARE CENTER. I have received a copy of the child care facility brochure KNOW YOUR CHILD'S CARE CENTER.

2- ARTICLE IV, C, 5, PBC rules require that the parents be notified in writing of disciplinary practices used by the child care facility. These are in our Parent's Handbook containing the disciplinary practices of A Boca Raton Montessori School.

3- ARTICLE XIII, B, 1, PBC rules require parents authorize Emergency Medical Care in the event of serious illness or accident, and the parents can not be reached. We, the parents or guardians of the above named child hereby authorize A Boca Raton Montessori School and all members of its staff to administer first aid and/or decide on appropriate action in the event of a medical emergency involving my child.

4- ARTICLE XII, B, PBC rules require the parent and the center to complete an ALTERNATIVE NUTRITION PLAN AGREEMENT.

Indicate special dietary requirements _____

I understand and approve the use of the Alternative Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

_____ AM SNACK _____ NOON MEAL

PM SNACK

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternative Nutrition Plan.

PHOTO RELEASE

Provider/ Center Name: A BOCA RATON MONTESSORI SCHOOL

Please mark the appropriate box:

_____ I give permission _____ I do not give permission to the above provider/center to take or have taken photos of mi child if the occasion should arise.

_____ I give permission _____ I do not give permission for my child to be video taped should the occasion arise.

I understand these photos will not be sold or distributed without my knowledge or permission. Photo graphs and/or video taping are taking on different occasions such as birthdays, holidays, special occasions, and sometimes used for arts and craft projects, and various other things.

Parent's signature

Date

Signature of owner/operator

Date