



## Application Form for New Student Enrollment

Child's Name: \_\_\_\_\_ , \_\_\_\_\_  
*Last Name* *First Name* *Middle*

Child's Preferred Nick Name (if any): \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Place of Birth: \_\_\_\_\_

Child's Gender: Male Female Child's Home Phone #: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_  
*Street Address* *Apt #*  
*City* *State* *Zip*

Is the mailing address the same as the home address? Yes No

If not, what is the mailing address: \_\_\_\_\_

Whom does the child live with and the household members (parents, siblings, relatives, etc.)?

<i>First &amp; Last Name</i>	<i>Relation to Child</i>	<i>Age</i>	<i>Gender</i>
			M F
			M F
			M F
			M F
			M F

What languages does the child speak at home? English Spanish  
 Other, specify: \_\_\_\_\_

### Previous School / Montessori Experience

What type of past school experience does the child have (check all that apply)?

None Preschool/Daycare Elementary School Montessori

If there is past school experience, indicate the school info below:

\_\_\_\_\_  
*Name of School*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone #* *Dates Enrolled* *Grade Level*

\_\_\_\_\_  
*Name of Director / Principal* *Name of Teacher*

\_\_\_\_\_  
*Reason for Leaving*

Does the child have any relatives/friends with Montessori experience? Yes No

If so, who?

<i>First &amp; Last Name</i>	<i>Relation to Child</i>	<i>Name of Montessori School</i>	<i>Currently Enrolled?</i>
			Yes No
			Yes No
			Yes No

**Parent / Guardian Information**

**Parent / Guardian #1**

Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ , \_\_\_\_\_  
*Last Name First Name MI*

Phone Number: \_\_\_\_\_  
*Home Phone # Work Phone # Cell #*

Which phone number is best to reach this parent during the day? Home Work Cell

Email Address: \_\_\_\_\_

Is the home address the same as the child's home address? Yes No

If not, specify home address: \_\_\_\_\_

Is the mailing address the same as the home address? Yes No

If not, specify mailing address: \_\_\_\_\_

Work Info: \_\_\_\_\_  
*Job Title*

\_\_\_\_\_ *Job Description*

\_\_\_\_\_ *Company Name*

\_\_\_\_\_ *Company Address*

Is on Facebook? Yes No

**Parent / Guardian #2**

Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ , \_\_\_\_\_  
*Last Name First Name MI*

Phone Number: \_\_\_\_\_  
*Home Phone # Work Phone # Cell #*

Which phone number is best to reach this parent during the day? Home Work Cell

Email Address: \_\_\_\_\_

Is the home address the same as the child's home address? Yes No

If not, specify home address: \_\_\_\_\_

Is the mailing address the same as the home address? Yes No

If not, specify mailing address: \_\_\_\_\_

Work Info: \_\_\_\_\_  
*Job Title*

\_\_\_\_\_ *Job Description*

\_\_\_\_\_ *Company Name*

\_\_\_\_\_ *Company Address*

Is on Facebook? Yes No



How does the child spend free time? What are his or her favorite activities?

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

Favorite Toys: \_\_\_\_\_  
\_\_\_\_\_

Favorite Books: \_\_\_\_\_  
\_\_\_\_\_

Outdoor Activities: \_\_\_\_\_  
\_\_\_\_\_

Organized Activities / Sports: \_\_\_\_\_  
\_\_\_\_\_

Does the child watch television? Yes No

What television programs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often does the child watch television? \_\_\_\_\_

Does the child use screen devices (computer/laptop/iPad/tablet)? Yes No

What websites does the child visit? \_\_\_\_\_

What apps does the child use? \_\_\_\_\_  
\_\_\_\_\_

How does the child get along with...

Parents? \_\_\_\_\_

Siblings? \_\_\_\_\_

Other Children? \_\_\_\_\_

List your child's...

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Weaknesses: \_\_\_\_\_  
\_\_\_\_\_

Interests: \_\_\_\_\_  
\_\_\_\_\_

Talents: \_\_\_\_\_  
\_\_\_\_\_

Please share any additional information you feel is important about your child or family, including areas needing special attention.

\_\_\_\_\_  
\_\_\_\_\_

Are there any assessments, reports, or documentation regarding this child that we should know about? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever experienced discipline challenges in an educational setting? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

### **Montessori Enrollment**

Reason for wanting to attend a Montessori school, specifically Palm Valley Montessori

School:

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How did you hear about Palm Valley Montessori School?

Palm Valley School Website          Facebook

Search Engine (i.e Google), specify: \_\_\_\_\_

Referred By a Parent/Student:

\_\_\_\_\_  
*Name of Parent/Student*

\_\_\_\_\_  
*Relation to Student*

From a Friend/Relative

Other, specify: \_\_\_\_\_

### **Enrollment**

Palm Valley Montessori School strongly encourages a three-year program (including kindergarten) in order to provide the maximum benefit of the Montessori method. A two-year program is the minimum recommended enrollment. How long do you intend to enroll your child at PVMS?

2 years    3 years    Other, specify: \_\_\_\_\_

When is the desired enrollment (start) date? \_\_\_\_\_

Program Selection:	Toddler & Preschool Academic Half Day	8:30 AM - 12:15 PM
	Toddler & Preschool Academic Full Day	8:15 AM - 3:15 PM
	Kindergarten Academic Full Day	8:15 AM - 3:15 PM
	Elementary Academic Full Day	8:15 AM - 3:15 PM
	If your academic full day child will need care before 8:15am and/or after 3:15pm, extended care is billed at an additional \$100 - \$150 per child per month.	7:30 AM - 5:00 PM

### **Parent/Guardian Approval**

Parent/Guardian #1:

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Relation to Child*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Parent/Guardian #2:

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Relation to Child*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## General Release Form

Child's Name: \_\_\_\_\_  
*Last Name*
*First Name*
*Middle*

1. No child will be admitted until all necessary forms have been completed and returned to the school and approved by the director and/or administrator.
2. Children will be admitted on the basis of a pre-enrollment interview and application packet. The school reserves the right to discharge, at any time, any child whose presence, in the opinion of the school, is detrimental to the program of the school or who is not benefiting from his instruction.
3. Palm Valley Montessori School may use photographs, reproductions, video recordings, and/or sound recordings of my child(ren). Such use may include advertising and publicity purposes.
4. I hereby release, indemnify and hold harmless Palm Valley Montessori School and its staff from any loss or damage to toys, clothes, or any other personal articles.
5. I hereby warrant to Palm Valley Montessori School that I am entitled to legal custody and possession of my child(ren) and, accordingly, am authorized to place my child(ren) in your care and custody and am further authorized to sign this release form.
6. I am aware that Palm Valley Montessori School's liability insurance policy covers only students enrolled and not other children using its facilities. Therefore, if I bring to school children other than those enrolled and they should sustain injuries on said premises, I hereby release and absolve Palm Valley Montessori School and Staff completely and totally from all responsibility or blame for any and all such injuries and subsequent consequences thereof. The above also pertains to any animals brought onto the premises.
7. Parents often have a need to contact each other so a Parent Directory is compiled at the beginning of each year and distributed only to other parents. I authorize Palm Valley Montessori School to include my name, phone number and email address in the Parent Directory.
8. Parents have access to Palm Valley Montessori School during all hours of operation. Parents may observe their child(ren)'s classroom(s) by scheduling an appointment with Palm Valley Montessori School.

### Parent/Guardian Approval

Parent/Guardian #1: \_\_\_\_\_  
*Print Name*
*Relation to Child*

\_\_\_\_\_  
*Signature*
*Date*

Parent/Guardian #2: \_\_\_\_\_  
*Print Name*
*Relation to Child*

\_\_\_\_\_  
*Signature*
*Date*

## Parental Agreement

Child's Name: \_\_\_\_\_  
*Last Name*
*First Name*
*Middle*

1. Parents agree to assist and participate in the School Tuition Organization (STO) known as Arizona Tuition Connection. Parents agree to assist and or complete any form or application for STO scholarships. Parents agree to assist and complete any form or application for grants or other financial aid. All information will remain confidential and will only be used for the purpose of applying for the above purposes.
2. All students must be signed in and signed out at or before the scheduled time in their selected program. One minute after this time will be considered tardy. No tolerance will be given to unexcused tardiness or absenteeism. Dis-enrollment will be considered for students with excessive unexcused tardiness or absenteeism.
3. All students attending Palm Valley Montessori School are on a two-week probationary period. The school reserves the right to dismiss any child who does not conform to our requirements, rules, and regulations.
4. Parents must accompany their child into Palm Valley Montessori School and sign the child in and out. Students cannot be dropped off. Students cannot leave the school building without being signed out by a parent or a pre-authorized representative of the parents.
5. No individual may pick up a child without prior written authorization and photo identification.
6. Parents are expected to participate in parent training, workshops, and curriculum nights on a regular basis. Parents are also expected to participate in the Palm Valley Montessori School Parent- Teacher Organization (PTO). Parents are expected to come to parent teacher conferences and attend biannual observations. Dis-enrollment will be considered for lack of parent participation in the above events. Participation in the celebrations, special events, games, and other activities is encouraged but not required.
7. Hours of operation are from 7:30 AM to 5:00 PM. A \$1.00 per minute late fee will be charged for care services after 5:00 PM.
8. Please provide your child with a nutritious lunch. Morning and afternoon snacks will be provided by Palm Valley Montessori School.

### Parent/Guardian Approval

Parent/Guardian #1: \_\_\_\_\_  
*Print Name*
*Relation to Child*

\_\_\_\_\_  
*Signature*
*Date*

Parent/Guardian #2: \_\_\_\_\_  
*Print Name*
*Relation to Child*

\_\_\_\_\_  
*Signature*
*Date*



## Financial Agreement

Child's Name: \_\_\_\_\_  
*Last Name*
*First Name*
*Middle*

Tuition rates as of January 1, 2019 (please select one):

Program Selection:	<input type="checkbox"/> Toddler Half Day	8:30 AM - 12:15 PM	\$675 / month
	<input type="checkbox"/> Toddler Full Day	8:15 AM - 3:15 PM	\$850 / month
	<input type="checkbox"/> Toddler Extended Day	7:30 AM - 5:00 PM	\$950 / month
	<input type="checkbox"/> Primary (Preschool) Half Day	8:30 AM - 12:15 PM	\$675 / month
	<input type="checkbox"/> Primary (Preschool) Full Day	8:15 AM - 3:15 PM	\$775 / month
	<input type="checkbox"/> Primary (Preschool) Extended Day	7:30 AM - 5:00 PM	\$875 / month
	<input type="checkbox"/> * Primary (Kindergarten) Full Day	8:15 AM - 3:15 PM	\$1,050 / month
	<input type="checkbox"/> * Primary (Kindergarten) Extended Day	7:30 AM - 5:00 PM	\$1,150 / month
	<input type="checkbox"/> * Elementary (1st - 4th grades) Full Day	8:15 AM - 3:15 PM	\$1,050 / month
	<input type="checkbox"/> * Elementary (1st - 4th grades) Extended Day	7:30 AM - 5:00 PM	\$1,150 / month

**\* Scholarships available**

1. We understand all tuition fees are due in advance. We agree to pay the tuition fee according to the following arrangement: monthly payment, due on the first day of each school month.
2. A one time \$100 enrollment fee must be received to complete the application. The enrollment fee and all the items in this application must be received prior to space being reserved for your child. The application and enrollment fee do not guarantee an immediate start date. The enrollment fee and the application reserve the next available opening. Enrollment is first come first serve.
3. We understand all tuition fees are due in advance. We agree to pay the tuition fee according to the following arrangement: tuition payments are to be made via direct payment ACH (see attached form). Debits will be made on the 1st of the month. Should the 1st land on a non-business day the debit will be made on the next business day. Palm Valley Montessori School must receive notice within 30 days of any changes to the debit, and or banking information. Lack of notice of any changes will result in a \$100.00 fee. All debits are non-refundable.
4. Dis-enrollment must be made in writing and must be received 30 days prior to the dis-enrollment date. All charges will continue until dis-enrollment has been received in writing. The one month's tuition will be charged for lack of notice of disenrollment. All charges will continue during the 30 notice period including tuition. The cost of providing your child's care and education is an amount calculated annually. We divide this annual cost over 11 months of tuition charges. Changes made to enrollment at the end of the school year mean that we were unable to adequately pay for the services provided over the course of the year. Lack of notice may also result in the above fee in item 3.
5. We understand that there will be a charge of \$35.00 on any payment returned to Palm Valley Montessori School by the bank. We understand Palm Valley Montessori School reserves the right to require guaranteed funds; cash or money order.
6. We understand that expenses continue whether or not our child is present at school each day. We will be charged according to the fee schedule even if our child is absent. No tuition refund will be made in the case of absence for illness, vacation, or any other reason, as long as a place is being held for our child. Charges will continue until our child is officially withdrawn. A 30 day notice must be provided prior to withdrawal.
7. We understand balances due must be paid before evaluations can be released.
8. We understand that in the event payment has not been received by the office within five (5) days after the due date, your student(s) may be removed from Palm Valley Montessori School.
9. In the event that our account should remain delinquent after the said time in item #8 and upon the discretion of Palm Valley Montessori School, our account may be turned over to a professional agency for collection.
10. Academic instruction begins at 8:00 AM with all Elementary students expected to arrive by 8:15 AM. All Primary students are expected to arrive by 8:30 AM. Academic instruction ends at 3:00 PM. Those students enrolled as "full day" must be picked up by 3:30 PM, or additional charges will accrue. Those students enrolled as "half day" must be picked up by 12:30 PM, or additional charges will accrue. The rate will be \$5 per half hour per child for parents or guardians picking up after their contracted time. If you require occasional after-school care for your "full day" student(s), please notify the school in advance so both staff and student(s) know what to expect.
11. We understand that there will be a charge of \$35.00 on any payment returned to Palm Valley Montessori School by the bank. We understand Palm Valley Montessori School reserves the right to require guaranteed funds; cash or money order.

- 13. We understand balances due must be paid before evaluations can be released.
- 14. We understand that in the event payment has not been received by the office within five (5) days after the due date, our student(s) may be removed from Palm Valley Montessori School.
- 15. In the event that our account should remain delinquent after the said time in item #14 and upon the discretion of Palm Valley Montessori School, our account may be turned over to a professional agency for collection.
- 16. Academic instruction begins at 8:00 AM with all Elementary students expected to arrive by 8:15 AM. All Primary students are expected to arrive by 8:30 AM. Academic instruction ends at 3:00 PM. Those students enrolled as "full day" must be picked up by 3:30 PM, or additional charges will accrue. Those students enrolled as "half day" must be picked up by 12:30 PM, or additional charges will accrue. The rate will be \$5 per half hour per child for parents or guardians picking up after their contracted time. If you require occasional after-school care for your "full day" student(s), please notify the school in advance so both staff and student(s) know what to expect.
- 17. We understand that Palm Valley Montessori School is in operation for eleven (11) months a year. Tuition will be paid for the full eleven (11) months of the school year (August - June). Tuition charges will continue until dis-enrollment is received and the full 30 day period in item 4 must end before charges cease.
- 18. This document is understood to be a binding contract, and we have read and agree to comply with the above commitment.

**Parent / Guardian Approval:**

Parent/Guardian #1:

\_\_\_\_\_ *Print Name*

\_\_\_\_\_ *Relation to Child*

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

Parent/Guardian #2:

\_\_\_\_\_ *Print Name*

\_\_\_\_\_ *Relation to Child*

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

## Direct Payment ACH Form

Child's Name: \_\_\_\_\_  
*Last Name*
*First Name*
*Middle*

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize Palm Valley Montessori School to initiate electronic debit entries of payment of my above child's tuition.

**Type of bank account (select one):**  Checking Account     Savings Account

### Financial Institution (Bank) information:

Financial Institution (Bank): \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I (we) understand that this authorization will remain in effect until I (we) notify Palm Valley Montessori School, in writing, that I (we) wish to revoke this authorization. I (we) understand that Palm Valley Montessori School requires at least 30 days prior notice in order to cancel this authorization.

### Parent/Guardian Approval

Parent/Guardian #1: \_\_\_\_\_  
*Print Name*
*Relation to Child*

\_\_\_\_\_  
*Signature*
*Date*

Parent/Guardian #2: \_\_\_\_\_  
*Print Name*
*Relation to Child*

\_\_\_\_\_  
*Signature*
*Date*



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services**

**Bureau of Child Care Licensing**

**Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	<b>Updated:</b>
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Mother or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Father or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to: [www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE: