

APPLICATION PACKET

Application Form for New Student Enrollment

Child's Name: _____
First Name *Middle Name* *Last Name*

Enrollment Procedure

The parents and child will visit Palm Valley Montessori School for a school tour and an interview with the director and/or administrator, by appointment. During this time, the program is explained to the parents and questions are answered regarding policies, schedules, tuition, staff qualifications, discipline, etc.

The parents may then be invited to submit an Application Packet to Palm Valley Montessori School.

The completed Application Packet should include:

- Application Form for New Student Enrollment
- General Release Form
- Parental Agreement
- Financial Agreement
- Direct Payment ACH Form
- Emergency Information and Immunization Record Card
- Copy of the Child's Birth Certificate
- Check for \$100 for the Application Fee

Upon receipt of all of the above, the parents will receive a Welcome Packet and a start date will be confirmed. If no spaces are available in the school, the child may be placed on a waiting list. No guarantees are made for desired placement, which is dependent on space available and readiness for the Montessori program.

All fees, tuition, and other payments are not refundable.

Admission Requirements

Children may be enrolled at any time during the school year. New students should be between 2 and 3.5 years of age, or have previous Montessori experience. Palm Valley Montessori School strongly endorses a three-year experience in the Primary classroom to provide the maximum benefit of the Montessori method. This includes two years of preschool and the kindergarten year. Manageable behavior and obedience are expected. The child should be able to follow simple directions, such as "Put the puzzle on the shelf and come sit down." Graduates of the Montessori Primary program may also enroll in Palm Valley Montessori School's Elementary program.

Questions

If you should have any questions about the Palm Valley Montessori School program or application process, please feel to contact the school administration, at 623-986-9516 or Eva.Foster@PalmValleyMontessori.com.

FOR OFFICE USE ONLY:

<input type="checkbox"/> Application	<input type="checkbox"/> General Release Form	<input type="checkbox"/> Parental Agreement	<input type="checkbox"/> Financial Agreement
<input type="checkbox"/> Emergency/Immunization Card	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Application Fee: Check #: _____	

Application Form for New Student Enrollment

Child's Name: _____
First Name
Middle Name
Last Name

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 & 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 language(s) 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 & 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: _____
First Name *Middle Name* *Last Name*

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: _____
First Name *Middle Name* *Last Name*

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

Emergency Contact

If neither parent can be reached, who can we contact in case of an emergency?

_____	_____	_____
<i>First & Last Name</i>	<i>Relation to Child</i>	<i>Phone #</i>
_____	_____	_____
<i>First & Last Name</i>	<i>Relation to Child</i>	<i>Phone #</i>

Authorization to Drop-Off/Pick-Up Child

Who will be the main adult to drop-off/pick-up the child?

_____	_____	_____
<i>First & Last Name</i>	<i>Relation to Child</i>	<i>Cell #</i>

Who are the other adults that have authorization to drop-off/pick-up the child?

<i>First & Last Name</i>	<i>Relation to Child</i>	<i>Cell #</i>

Background Information

Parent's Marital Status: Married to Each Other Separated Divorced
 Widowed Domestic Partners

If separated or divorced, what age was the child at the time? _____

Is either parent deceased? Yes No

If deceased, which parent? _____

If deceased, what age was the child at the time? _____

Is either parent away from home for long periods of time? Yes No

If so, which parent? _____

If so, how often? _____

Is the child adopted? Yes No

If adopted, does the child know? Yes No

If adopted, what age was the child at the time of adoption? _____

Is the child regularly cared for by anyone other than parents? Yes No

What portion of the day is the child cared for? _____

Where is the child cared for? _____

Caregiver Info: _____

First & Last Name

Relation to Child

Cell #

The child lives in a... House Apartment Other, specify: _____

Does the child have a room alone? Yes No

If not alone, who does the child share with? _____

Is there a yard to play outdoors? Yes No

Does the child have any pets? Yes No

Type and name of pet(s): _____

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

If so, 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: _____

Does your child have any special needs? If so, please explain.

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:

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 experience (2 years of preschool, and 1 year of 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 7:30-8:30 AM - 12:15 PM
- Toddler & Preschool Academic Full Day 7:30-8:30 AM - 3:15 PM
- Kindergarten Academic Full Day 7:30-8:30 AM - 3:15 PM
- Elementary Academic Full Day 7:30-8:30 AM - 3:15 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: _____
 First Name *Middle Name* *Last Name*

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-registration 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 the 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:

_____ *First Name*

_____ *Middle Name*

_____ *Last Name*

- Parents agree to assist and participate in the School Tuition Organizations (STOs) known as the Children's Care Arizona and the 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.
- 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. Withdrawal from the Palm Valley Montessori program will be considered for children with excessive unexcused tardiness or absenteeism.
- 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.
- 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.
- No individual may pick up a child without prior written authorization and photo identification.
- 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.
A student withdrawal 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.
- Hours of operation are from 7:30 AM to 3:30 PM. A \$1.00 per minute late fee will be charged for care services after 3:30 PM.
- 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: _____
First Name
Middle Name
Last Name

Tuition rates (please select one):

Program Selection:

- Toddler Half Day 7:30 - 8:30 AM - 12:15 PM \$675 / month
- Toddler Full Day 7:30 - 8:30 AM - 3:15 PM \$850 / month
- Primary (Preschool) Half Day 7:30 - 8:30 AM - 12:15 PM \$675 / month
- Primary (Preschool) Full Day 7:30 - 8:30 AM - 3:15 PM \$775 / month
- Primary (Kindergarten) Full Day 7:30 - 8:30 AM - 3:15 PM \$675 / month
- Elementary (1st - 4th grade) Full Day 7:30 - 8:30 AM - 3:15 PM \$675 / month

Scholarships maybe available to students in all program levels through tax credit scholarship tuition organizations

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. A student withdrawal 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 dis-enrollment. All charges will continue during the 30 notice period including tuition. The cost of providing a 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 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.

Financial Agreement (continued)

6. We understand that there will be a charge of \$50.00 on any payment returned to Palm Valley Montessori School by the bank. We also understand Palm Valley Montessori School reserves the right to require guaranteed funds; cash or money order.
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, our 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 #3 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 students 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.
11. 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.
12. 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: _____
First Name *Middle Name* *Last Name*

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**

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

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**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.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

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

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

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

Name(s):

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 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

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>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</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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:
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