

ENROLLMENT APPLICATION 2017-2018 PRIMARY YEARS 2 ½ -5

Dear Parents,

Congratulations! You have taken the first step in joining a like-minded community of parents looking for the best education for their children in a happy and caring environment with wonderful teachers.

Our system of education sets up the children for future success by promoting independence in the classroom with hands-on learning instruments. The Montessori Method allows children to be happy and inspired while discovering the joy of learning.

Montessori schools are a highly coveted worldwide and the children of Lake County are fortunate to have this school right next to historic downtown Leesburg. This is a school that focuses on children's overall education such as holistic values and outside the box thinking. We don't focus young children to the stress of standardized testing. No wonder why the highest ranked countries in education have adopted more hands-on-approach learning and holistic lessons rather than providing more work packets.

See, everything we do in this school is focused on the overall well-being of each individual child. We want to promote happiness, instill the love of learning and to prepare them for college and the real world. From selecting high-grade learning instruments and materials to teaching the children how to properly socialize with one another; everything is done to enhance the best academic and holistic education possible.

In an age of virtual communication, children must be taught how to properly talk to friends, how to apply self-respect and how to be proactive in challenging situations. Our circle time is intended to teach the holistic side of education such as allowing children to share how they feel about a particular lesson, practice effective public speaking, as well as mindful listening and good habits.

Unlike other schools that try to teach values and holistic learning by standing in front of the board, we model them. Just like in the real world and in college, our students don't have to raise their hands to go to the bathroom. Classrooms are composed of mixed age children of various ages, races, and religions and we coach the children how to deal with different types of people. What a wonderful way to prepare the children to interact and collaborate with various individuals, learn from older mentors and prepares them to lead by helping younger friends.

Welcome to the Lake Montessori community,

Hugo Hormazabal Jr.
School Principal

Enclosed are the enrollment forms for the 2017 -2018 school year.
Please be sure to fill out the entire application.

- Student Information - Change of address, telephone numbers, emergency contacts, student pick up, medication, allergies etc.
- Financial Agreement - Please read very carefully and keep one copy for your records. Keep one Copy for your records. TFC Tuition Financing processes all our accounts.
- Medical Release - This form is mandatory for your child to attend field trips. The information you provide will be the only contact information we would have in case of an emergency while on a field trip. For this reason, the form must be completed every year.

Forms should be returned to the school office. Siblings of presently enrolled students will be given priority. Please ask in the office for an enrollment package for new students.

Outstanding balances, other than upcoming tuition and Educare payments, must be cleared when re-enrolling. If specific arrangements are required to satisfy the balance, this must be done before the application can be processed.

If you need more information about any aspect of the school or need to make special arrangements for tuition payment, please contact the office immediately. We appreciate your prompt attention to re-enrollment. We are looking forward to having your children with us again next year.

ENROLLMENT APPLICATION 2017-2018

STUDENT'S INFORMATION

STUDENT'S NAME _____

DATE OF BIRTH _____ AGE _____ SEX: MALE _____ FEMALE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

NAMES, BIRTH DATES OF SIBLINGS _____

PARENT #1 INFORMATION:

NAME (First, Last) _____
HOME ADDRESS _____ OCCUPATION _____
CITY/STATE/ZIP _____ EMPLOYER _____
HOME PHONE _____ E-MAIL ADDRESS _____
MOBILE PHONE _____ BUSINESS PHONE _____
BIRTHDATE _____

PARENT #2 INFORMATION:

NAME (First, Last) _____
HOME ADDRESS _____ OCCUPATION _____
CITY/STATE/ZIP _____ EMPLOYER _____
HOME PHONE _____ E-MAIL ADDRESS _____
MOBILE PHONE _____ BUSINESS PHONE _____
BIRTHDATE _____

1. Does your child need any special accommodations? _____
2. Is the child entirely toilet trained? _____
3. By what time is she/he in bed at night? _____ Asleep? _____ Awake? _____
4. List any special group activity, such as Sunday School, Scouts, or dance classes, in which she/he regularly participates. _____
5. How many times has the family moved in the child's lifetime? _____
6. List any additional members of the household, other than parents and siblings.

7. Has your child previously attended any other school or day care program? If so which one? _____

8. How did you learn about Lake Montessori? _____

9. Has your child been referred to anyone for academic evaluation or special testing to diagnose a learning disability? _____

10. A conference may be required with any applicant.

11. All accepted transfer students are placed on provisional status.

12. Please note any additional information which you feel would be useful to us.

EMERGENCIES

Relative or friend to be notified in case of illness or emergency, in the event a parent cannot be reached.

1. NAME: _____ RELATIONSHIP TO STUDENT: _____
HOME PHONE: _____ WORK PHONE: _____
MOBILE PHONE: _____

2. NAME: _____ RELATIONSHIP TO STUDENT: _____
HOME PHONE: _____ WORK PHONE: _____
MOBILE PHONE: _____

PERSONS AUTHORIZED TO TAKE STUDENT FROM THE SCHOOL:

PHYSICIANS

STUDENT'S DOCTOR: _____ PHONE: _____

OFFICE ADDRESS: _____

STUDENT'S DENTIST: _____ PHONE: _____

OFFICE ADDRESS: _____

A birth certificate, current immunization record and proof of a physical must be on file in the office within one week of entry into the school.

List any medication the student is taking regularly: _____ None

- List any allergies: _____ None

- List any physical limitations that will prevent him/her from participating fully in school programs: _____ None

The Lake Montessori assumes the complete information concerning any allergies, physical limitations, and other medical directions or cautions will appear on the physical examination form completed by the doctor or will be detailed in a letter from the student's doctor.

Our Montessori Program

The Da Vinci Program

Named after history's most prime exemplar of the "Universal Genius" or "Renaissance Man", Leonardo Da Vinci was regarded by many historians and scholars as an individual of "unquenchable curiosity". Our Da Vinci program models Leonardo's auto-didactic curiosity in children by implementing a hands-on multicultural curriculum promoting the sciences, arts and the Discovery method pedagogy. The Da Vinci Montessori approach promotes a fun and inspiring learning environment with highly trained teachers who teach lessons in a small student-teacher ratio. Students benefit by having a personalized curriculum, a healthy snack time, uninterrupted work cycle, botany and gardening classes, physical education, art appreciation and performing arts.

ENROLLMENT & PERMISSION FORM

I am enrolling my child _____, for the 2017 -2018 school year at Lake Montessori:

- College Ready Program* session for 2 ½ through Kindergarten year olds (8:30 a.m. to 2:30 p.m.)
- Montessori Da Vinci Program* session for 2 ½ through Kindergarten year olds (8:30 a.m. to 2:30 p.m.)
- I am including TFC Credit Card Authorization form
- I am including \$250 material fee.
- I am including the \$500 advance payment.
- I am opting to make 12 monthly payments to complete the annual tuition.
- I am including my child's **current** Physical and current Immunization Record.
- I am including my child's Birth Certificate (only new students must provide).
- I am including my child's Physical (current students provide updates only).
- My child has received prior schooling, and I am including or have signed a Records Release Form.
- My child has permission to go on short field trips to locations within walking distance of the school, accompanied by a staff member. Your permission is required if your child will be staying in Educare.
- Photographs of my child may be used in any school advertisement or publication, (website, Facebook, newspapers, magazines, postcards, television, school photos, etc.).

PARENT/GUARDIAN: _____ DATE: _____

FINANCIAL AGREEMENT TUITION AND FEES 2017 -2018

Tuition is based on a full year's enrollment. All payments apply to the entire year's tuition. The advance is not a deposit, but a pre-payment in addition to your monthly payments. **Phasing-in, short months, vacations and absences do not affect tuition payments.**

<u>PROGRAM</u>	<u>12 Month Payment</u>	10 Month Payment	<u>TOTAL</u>
Montessori Da Vinci 2.5yrs-5yrs	\$546	\$650	\$6,552

**** Each student has an annual \$250 material fee due at the beginning of the school year. ****

The terms of tuition payment are as follows: The **NON-REFUNDABLE** advance payment is due with your enrollment application. This advance payment will ensure your child's enrollment. **Enrollment of your child obligates you to a full year's tuition.** A mid-year withdrawal still obligates you to a full year's tuition. A mid-year enrollment is prorated from the first day of school. Lake Montessori uses the services of TFC Tuition Financing to process all our accounts. You must agree with their (TFC) description of services and merchandise agreement to enroll in our school. Any outstanding balance with TFC is an outstanding balance with our school.

ONE-TIME REGISTRATION FEE FOR NEW FAMILIES

For families that are new to Lake Montessori, there is a one-time registration fee of \$100 that is due with the advance payment upon acceptance of your child. The fee applies per family, so if a family registers multiple children, the fee remains only \$100. Returning families do not pay this registration fee.

EDUCARE CHARGES

For your convenience, fees for Educare are assessed separately from the Montessori school tuition and are based on the hours the child attends the program. The charge is \$5.00 per hour. **The minimum charge within the first hour is \$5.00, and charges are assessed on an hourly basis.** You may drop your child off at Educare as early as 7:00 a.m. There is no charge between 8:00 a.m. and when your child begins class. However, you will be charged at the regular Educare rate if your child arrives before 8:00 a.m. For example, a child dropped off at 8:05 will have no charge, while one dropped off at 7:55 will have a \$5.00 charge.

If your child is not picked up from his Montessori class within ten minutes of class dismissal, he will be placed in Educare until you arrive at the regular Educare rate. Educare charges begin at 3:00 pm at \$5.00 per hour. Special consideration may be made for siblings with different dismissal times. If you are in this situation, please contact the office. The closing time for Educare is 6:00 p.m. **Educare closes at 6:00 pm. Parents who arrive late will be charged \$1 per minute until the child has been picked up.**

ALL ACCOUNTS MUST BE CURRENT TO USE EDUCARE.

FINANCIAL AGREEMENT

I/We have read, understand, and agree to the above terms for Lake Montessori annual tuition, material fee, Educare charges, and withdrawal notices.

Parent Signature _____

Date: _____

Parent Signature _____

Date: _____

Social Security Number and Name (PARENT): _____

**** By signing, you agree to all financial terms listed above. Please keep a copy for your records.**

NONDISCRIMINATORY POLICY

The Lake Montessori admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities accorded or made available to students of the school. It does not discriminate by race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs

ADMISSION POLICY

Each student who enrolls at Lake Montessori School is encouraged to succeed. We carefully evaluate the child's development and ability to blend into an everyday learning environment. The child's teacher and Administrator reserve the right to meet with the parent(s) / guardian(s) to discuss the progress of his or her child. We often find most children will seamlessly adapt to their new surroundings. If, however, we face a scenario in which a child encounters difficulty, we will work diligently with the parents(s)/ guardian(s) to reach a solution that best supports the child's transition. In the unfortunate event that this cannot be reached, enrollment may be terminated.

Parent/Guardian Signed: _____ Date: _____

VOLUNTEER COMMITMENT

Volunteering at the school is a great way to be involved in your child's world. Your involvement at the school creates relationships with the adults and children who know your child and let you become more intimate with the programs and values the school fosters.

In order to ensure the safety of the children, we require all volunteer parents to have a level two background screening. Please contact the office for more information.

The following is a list of areas where we like to encourage parents to participate. Many activities can be tailored to suit your schedule and time capabilities. Please mark any area that interests you. If your interests are not on our list, please list them in the space marked 'other.'

- Gardening
- Books - preparing new books/repairing damaged books
- Materials - cutting paper/making copies/organizing
- Website, database, or other computer talents
- Special school-wide projects (floats, parades, sets, etc.)
- Lend-A-Hand
- Field trips Other _____

Media and Photo Release

I, _____ (print name), parent/guardian of _____ (child's name), hereby grant permission to Lake Montessori Camp, employees or representatives, to take and use for photographs and digital images, video tape, audio recording or quoted remarks of my child for use in promotional or educational materials such as printed publications or materials, electronic presentations and websites pertaining to the camp.

I agree that my child's name and identity may be revealed in descriptive text or commentary in connection to the image(s).

I authorize the use of these materials indefinitely without compensation to me. All negatives, positives, print reproductions and video/audio recording belong to Lake Montessori

Signature of Parent/Guardian

Date

MEDICAL RELEASE

Student's Name: _____ Date: _____

A representative of Lake Montessori is hereby authorized to give consent to and employ, on my behalf, a licensed physician (M.D.) for medical treatment of my son/daughter in connection with any injury, accident, illness, or disease he or she may suffer or sustain while in their charge during the 2017-2018 school year and to obtain hospitalization if recommended by said physician.

Student's local physician: _____

Phone: _____

Medical Insurance: _____

Policy # _____

Parent or Guardian (Print): _____

Parent or Guardian Signature: _____

Address: _____

Home Phone: _____ Work Phone: _____

Emergency Phone Number: _____

Notary: _____
State: _____
County: _____

The foregoing instrument was acknowledged before me this by _____ who is personally known to me or who has produced _____ as identification and who did take an oath.

*** Please indicate any health concerns such as allergies, diet, etc., below. ***

