OUR MONTESSORI SCHOOL 2020-2021 School Year REGISTRATION FORM

Student's Name Student's Address			Birth]	<u>///</u> Today's Date			
			Zip Code	Phone Number			
See TUITIO	N SCHEDULE	for Program choic	ces				
Circle one:	Plan A	Plan B Custom		Annual Fee:			
Program:	3, 4, or	5 days		Monthly Installment:			
Hours	a.m. to	p.m.		Start date:			
ANNUAL F	<u>EES</u> :						
Application fee \$35.00 (for ne		\$35.00 (for new e	enrollment o	only)			
Annual Registration fee \$275		\$275.00		• *			
School Supply Fee \$		\$80.00					
Applicatio	on and registi	ration fees are n	non-refun	dable			

DISCOUNTS

10% discount applies to annual tuition paid in full on or before September 1, 202010% for the second child (or more) on the annual/monthly tuition fee only10% discount for Service Employees (i.e. military, fire, police)

DAYCARE

Daycare hours are from 7:00am-8:50am, and from 3:40pm-6:00pm billed at **\$6.50 per hour** or any part thereof. *There is a penalty of \$6.50 per minute if your child is picked up after 6:00pm* (see Student/Parent Handbook).

TUITION

- All tuition installments are due on the first of each month, beginning September 1, 2020.
- A \$40.00 late fee will be added to your monthly statement after the 10th of each month.
- After 10 days if the tuition is still unpaid, OMS will not accommodate student until the past due amount is paid or payment arrangements have been made.
- If after 30 days there is still an outstanding balance, all past due accounts will be turned over to our collection service.

FUNDRAISING

****** Raffle Tickets \$200.00 ******* Every household is responsible for selling 20 fundraising raffle tickets at \$10.00 each which will be assigned October, 2020. Tickets will be charged to your account when they are signed out. The \$200.00 must be paid no later than April, 2021.

I understand the fee policies and payment plans and acknowledge that I am responsible for following the payment schedule and pay tuition promptly when due.

I acknowledge that I have read and understand the Family Handbook which includes the infectious disease policy and/or have attended Family Orientation.

OUR MONTESSORI SCHOOL 2020-2021 School Year ENROLLMENT FORM

Student	_Male Female Phone							
Student's Address	Zip							
Parent/Guardian	Parent/Guardian							
Address	Address							
Home Phone	Home Phone							
Occupation	Occupation							
Employer	Employer							
Employer Address	Employer Address							
Work Phone	Work Phone							
Cell Phone	Cell Phone							
Email	Email							
The following people ARE allowed to pick *Please provide copies of Driver's Licenses for al	CK-UP AUTHORIZATION -up my child: I authorized people on your pick up list including parents.*							
The following people ARE NOT allowed to	o pick up my child:							
Name/Relationship								
Name/Relationship								
If either parent/guardian is listed above, proper legal documentation is required.								
Any changes to pick up authorizations mu guardians/parents.	st be submitted <u>in writing</u> with signatures from both legal							

Start Date:_____

End of Program Date:

OUR MONTESSORI SCHOOL 2020-2021 School Year HEALTH INFORMATION

Student		Date	Date								
Allergies or medical conditions?											
Childhood diseases: Chicken pox	Measles	Mumps	Other_								
YOU MUST INCLUDE A COPY OF INCLUDE THE SIGNATURE OF YO											
My child has had (check all that app We	ly): <u>Exam</u> ellness		Month	<u>Year</u>							
	ellness <u> </u>	al on ing									
My child has not had <i>all</i> of the abo and Wellness Checks.					nunization						
**	EMERGENCY	CONTACTS ³	**								
State Regulations require <u>2</u> emergency be completed without this information		ive in or close	to Albuquero	que. Registrat	tion cannot						
Friends or relatives who can be contacted	d if parents canno	ot be reached:									
Name Address	Nam Addi	e									
AddressOffice	Hom	ress le Phone	Office								
Name and phone number of family Doct	or or Medical F	acility to call i	n case of eme	rgency:							
I give my permission for emergency med	lical:										
Transportation - Yes No		Treatment-	Yes	No							

Signature of Parent/Guardian

Signature of Parent/Guardian



Date____

GENERAL PERMISSION -----2020-2021 SCHOOL YEAR

I, ______ give permission for my child,

_____to go on field trips that are sponsored

by Our Montessori School. I understand that one week prior to these events I will receive information concerning the place, time, date, fee (if applicable) and purpose. If at the scheduled time of the field trip I do not want my child to attend, I will notify the school and other arrangements will be made. I also give permission for the staff of OMS to apply sunscreen and if applicable, diaper cream and or insect repellant to my child. I recognize that this activity involves certain inherent risks and that every precaution will be taken for the safety of my child and that the staff of Our Montessori School will provide proper supervision and instruction. Therefore, I release Our Montessori School and the individual staff members from any and all liability for injury that may occur to my child as a participant in the activity described above.

 Emergency Phone 1._____
 2._____

Parent/Guardian Signature

Parent/Guardian Signature

I have the authority to make decisions regarding my child. By my signature, I verify I have the authority.



2020 - 2021 School Year

Dear Parents of Our Montessori School Students,

We would like to take photos of the children working in the classrooms and playing during recess time throughout the school year. We may be publishing these photos in our monthly newsletters, annual performance slide show, advertising and promotional materials,

our Facebook page and our website. We will need your signature giving us permission to do so. Please sign this form below and return it to our office.

Sincerely,

Roxanne Rosa Administrator

Please check the appropriate statements below:

- I hereby give Our Montessori School my permission to photograph my child and for those photographs to be published in the OMS Newsletter.
- I hereby give Our Montessori School my permission to photograph my child for the purposes of advertising and promotional materials, Facebook and the OMS website.
- I will allow Our Montessori School to send photographs of my child via the Brightwheel Family Communication App.
- I give Our Montessori School permission to photograph my child for the annual Performance Slide Show.
- I DO NOT give Our Montessori School my permission to photograph my child at school.

Student's Name

Date

Parent/ Guardian Signature

Parent/Guardian Signature