



Atala Montessori

School for Creative Expression

www.atalamontessori.org

REGISTRATION PACKET 2016–2017

Registration Process

1. Please call or email our office to schedule a visit. The phone number is 786-738-1210 and our email is information@atalamontessori.org.
2. When registering, please complete the Registration Form and return it with a non-refundable Registration Fee of \$500 to

Atala Montessori School
240 N. Krome Avenue
Homestead, Florida 33030
Attention: Admissions

3. A \$200 Materials Fee is required each academic year. This fee covers books, work-books, art supplies, and other related materials. The fee must be paid prior to the start of the school.
4. Immunization records, physical examination records, and a copy of the birth certificate must be obtained from your child's pediatrician's office prior to the start of school.
5. Transcripts, standardized test scores, and progress reports are needed prior to admission.
6. Academic testing may be requested to assess grade placement. An additional fee may be charged to cover the costs associated with testing.
7. We offer sibling discounts as follows: 5% discount for the second child, 10% for the third child, and 50% discount for four or more children. The registration and materials fees still apply for each child. There are also additional discounts for annual (5%) or biannual payments (2.5%).

Application for Admission

(Please print all information legibly)

Child's Name _____ O Male O Female

Age (as of 09/01/16) _____ Intended grade or preferred classroom _____ Birthdate _____

Parents' Names _____

Home Address _____

City _____ State _____ Zip Code _____

1st phone contact _____ 2nd phone contact _____

First Email _____ Second Email _____

Parent Employer _____

Secondary Address _____

City _____ State _____ Zip Code _____

1st phone contact _____ 2nd phone contact _____

First Email _____ Second Email _____

Parent Employer _____

Siblings _____

How did you learn about Atala? _____

Student's present school: _____

Enrolled since: _____ Grades attended ____ through ____

School address: _____

School phone: _____ Teacher or advisor: _____

Reason for leaving: _____

Name of previous school _____

City, State _____

Grades completed ____ through ____

Years attended ____ through ____

Has your child had any form of achievement, intelligence, neurological, or psychological testing during the last three years? Yes No **A copy of the evaluation, IEP, or 504 must accompany this application.**

Name of test: _____ Administered by: _____

Has your child been dismissed from another school or day care in the last two years for academic, behavioral, or other reason? Yes (please explain) No

Describe student's general health: _____

Does he/she have any physical handicaps or allergies which would limit his/her participation in the full range of school activities? If yes, describe: _____

Has the student ever suffered any serious injury or illness? Yes (please explain) No

Is the student under the care of a physician, psychiatrist, or psychologist? Yes (please explain) No

Has the student had a history of ear infections/surgery? _____

Complications at birth and/or premature delivery: _____

As parent (guardian) of the above-named child, I hereby agree to all rules and regulations of Atala Montessori School for Creative Expression as described herein, and I authorize participation by my child in all officially sponsored school activities. It is hereby agreed that the school will not be held responsible or liable for any injuries, in the event we or our designee cannot be reached, I give my consent for my child to receive emergency medical care and /or be transported by ambulance or other conveyance to a doctor or hospital for immediate attention and treatment. I also agree to be responsible for payment of the same.

Parent's/Guardian's Signature

Date

Atala Montessori uses names and pictures of our students in monthly newsletters, annual yearbooks, and media releases. Please let us know if you object to the use of your child's name and/or photograph being used in this manner.

_____ No objection

_____ I object to my child's photograph and/or name being used in the following ways:

Students and Parents at Atala Montessori regularly send in homemade food. Please let us know if you object to your child partaking in these items.

_____ No objection

_____ I object to my child eating the following food items:

How did you hear about Atala Montessori? _____

Atala Montessori admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The State of Florida maintains statistics on the ethnic breakdown of all children enrolled in school in Florida. If you wish to assist the state in this way, please complete the chart below:

Ethnicity

Hispanic/Latino Origin Yes No

Race

American Indian or Alaska Native Native Hawaiian or other Pacific Islander
Asian White
Black or African American

Enrollment Contract

Name of Child: _____

1. A non-refundable \$500 Registration Fee is required of all students at the time the application is returned.
2. Tuition will be billed through SmartTuition Management Company. Single annual and biannual payments may be sent directly to Atala Montessori School. A late fee of \$50 will be added to your account if your payment is received late. There is an annual \$50 fee charged by the Smart Tuition company for each family enrolling.
3. If Smart Tuition payment is declined and is past due more than two weeks, we will request a meeting between the owners and directors of Atala Montessori and the parents. After six weeks of non-payment the student will not be allowed to attend class until the account is settled.
4. A \$200 Materials Fee is due prior to the start of school.
5. I/We agree that no reduction, credit, or refund of our tuition will be made for absences, voluntary or involuntary withdrawal or expulsion. Students will not be allowed to continue to attend classes unless tuition is paid by stated deadlines. The school has the right to terminate the attendance of any student for reasons set forth in the Handbook, including the failure of parents to pay part or all of their financial obligations for the student's attendance.
6. Atala Montessori is not responsible for damages to or loss of personal belongings.
7. I understand that the State of Florida and the regulations of Atala Montessori require all students to have on file **before attending the first day of classes** specific records (immunization, physical, and health) on forms which will be kept by the school. These records need to be updated periodically. Failure to maintain updated forms in the office may result in a temporary removal of your child from the school.
8. I understand that the form of discipline in this school is "time-out." The teacher and child will first talk about the problem and a proper way to conduct him/herself. The child will sit apart from the group in full view of a supervising adult and will indicate when he/she is ready to rejoin the class.
9. Materials or monies I might donate through fundraisers or directly will be considered as such and will not be refunded.
10. I understand that Atala Montessori does not provide meals and that I am solely responsible for providing my child with a well-balanced and nutritious lunch.

Signature

Date

Have you taken a tour of the school? Yes (please explain) No

When _____ and with whom _____

Emergency Contact and Medical Information, 2016–2017

Please indicate who you would like us to contact first, second, etc. _____

M F

Child's Name		Date of Birth	
Parent's/Guardian's Name	Relationship to Student	Parent's/Guardian's Name	Relationship to Student
Email Contact _____		Email Contact _____	
() _____ First Phone Contact	() _____ Second Phone Contact	() _____ First Contact	() _____ Second Contact
Address		Address	
City, State, Zip Code		City, State, Zip Code	

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
() _____ First Phone Contact	() _____ Second Phone Contact	() _____ First Contact	() _____ Second Contact
Address		Address	
City, State, Zip Code		City, State, Zip Code	

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ **Date** _____

Permission for Pick-Up

Name of Child _____ Parent(s) or Guardian(s) _____

As parent or legal guardian of the above-named child, I hereby give my permission to Atala Montessori School for Creative Expression staff to release my child to any of the individuals listed below without the need of contacting me at the time of pick-up. I understand that it is my responsibility to update this form and that any changes must be made directly on this paper.

INDIVIDUALS WITH PICK-UP PRIVILEGES

1. Name _____

1st phone contact _____ 2nd phone contact _____

2. Name _____

1st phone contact _____ 2nd phone contact _____

3. Name _____

1st phone contact _____ 2nd phone contact _____

4. Name _____

1st phone contact _____ 2nd phone contact _____

5. Name _____

1st phone contact _____ 2nd phone contact _____

6. Name _____

1st phone contact _____ 2nd phone contact _____

Signature of Parent or Legal Guardian

Date