



# **Atala** Montessori

School for Creative Expression

[www.atalamontessori.org](http://www.atalamontessori.org)

## REGISTRATION PACKET 2019–2020

## 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](mailto: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, workbooks, art supplies, and other related materials. The fee must be paid prior to the start of the school.
4. Immunization records and physical examination records 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 in black ink)

Child's Name \_\_\_\_\_ o Male o Female

Age (as of 09/01/19) \_\_\_\_\_ Intended grade or preferred classroom \_\_\_\_\_ Birthdate \_\_\_\_\_

For Preschool and Toddler children only (circle one): Half Day Full Day

Parents' Names \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1st phone contact \_\_\_\_\_ 2nd phone contact \_\_\_\_\_

First Email \_\_\_\_\_ Second Email \_\_\_\_\_

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 your child received therapy or is she/he currently receiving therapy such as speech, physical, behavioral, occupational?  Yes (please explain)  No

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

Complications at birth and/or premature delivery: \_\_\_\_\_

**Atala Montessori uses names and pictures of our students in monthly newsletters, annual year-books, 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? \_\_\_\_\_

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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        | Mixed                                     |

**School Tours**

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

When \_\_\_\_\_ and with whom \_\_\_\_\_

## Enrollment Contract

Name of Child: \_\_\_\_\_

1. A non-refundable annual \$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 (please note that this fee could vary slightly). **Please register directly at <https://enrollwithsmart.com>.**
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. **If you need to make a payment with Smart Tuition, you may call them directly at (888) 868-8828.**
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.

## Emergency Contact and Medical Information, 2019–2020

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

M   F

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

\*\*Please update all contact information as needed during the school year.

### Alternative Emergency Contacts

|                                    |                                   |                                      |                             |
|------------------------------------|-----------------------------------|--------------------------------------|-----------------------------|
| _____<br>Primary Emergency Contact |                                   | _____<br>Secondary Emergency Contact |                             |
| ( ) _____<br>First Phone Contact   | ( ) _____<br>Second Phone Contact | ( ) _____<br>First Contact           | ( ) _____<br>Second Contact |
| _____<br>Address                   |                                   | _____<br>Address                     |                             |
| _____<br>City, State, Zip Code     |                                   | _____<br>City, State, Zip Code       |                             |

### Medical Information

\_\_\_\_\_  
Hospital/Clinic Preference

|                            |                        |
|----------------------------|------------------------|
| _____<br>Physician's Name  | _____<br>Phone Number  |
| _____<br>Insurance Company | _____<br>Policy Number |

Please check here if your child does not have medical insurance \_\_\_\_\_

\_\_\_\_\_  
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.

### 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 \_\_\_\_\_

2. Name \_\_\_\_\_

3. Name \_\_\_\_\_

4. Name \_\_\_\_\_

5. Name \_\_\_\_\_

6. Name \_\_\_\_\_

7. Name \_\_\_\_\_

8. Name \_\_\_\_\_

9. Name \_\_\_\_\_

10. Name \_\_\_\_\_

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 Signature**

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