

REGISTRATION/ENROLLMENT APPLICATION FOR 2022 – 2023 SCHOOL YEAR

The Montessori at Trinity Oaks

9941 Trinity Blvd
Trinity, FL 34655
(727) 835-7828 email: director@trinityoaksmontessori.com
WWW.TRINITYOAKSMONTESSORI.COM

PLEASE SUBMIT REGISTRATION FORM ALONG WITH \$250.00 NON-REFUNDABLE REGISTRATION FEE

REGISTRATION DATE: _____ **CHILD'S INFORMATION** **START DATE:** _____

Name:		Date of birth:
Preferred Name:	Sex: Male Female <i>(Please circle one)</i>	
Current address:		
City:	State:	ZIP Code:
Home Phone:	Other Phone:	Preferred Phone:
Resides With: <i>(Please circle one)</i> Both Mother Father Joint Custody* <i>(*Custody Arrangement Form must be on file)</i>		

PARENT/GUARDIAN INFORMATION: MOTHER

Mother's Name:		
Date of birth:	Social Security Number:	Driver's License Number:
Current address:		
City:	State:	ZIP Code:
Work Phone:	Cell Phone:	E-mail:
Current employer:		Occupation:
Employer Address:	City and State:	ZIP Code:

PARENT/GUARDIAN INFORMATION: FATHER

Father's Name:		
Date of birth:	Social Security Number:	Driver's License Number:
Current address:		
City:	State:	ZIP Code:
Work Phone:	Cell Phone:	E-mail:
Current employer:		Occupation:
Employer Address:	City and State:	ZIP Code:

SIBLING INFORMATION

Name of sibling and Age:	Name of sibling and Age:	Name of sibling and Age:
1.	2.	3.

CHILD'S PHYSICIAN AND DENTIST

Physician's Name:	Phone:	
Dentist's Name:	Phone:	
Health Forms: * BLUE (Immunization Form 680) & * YELLOW (Health Form 3040) within 30 days of enrollment.	Immunization Form * BLUE 680 Expiration Date: _____	Health Form *YELLOW 3040 Expiration Date: _____

*"The greatest success as a teacher... is to be able to say,
the children are now working as though I don't exist" – Maria Montessori*

EMERGENCY CONTACTS/PERMANENT PICK-UP AUTHORIZATION

These persons will be allowed to pick up your child without prior notice from either parent. You may include carpool, sitters, family members, etc.
(Minimum 2 required other than mom or dad)

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Authorized Person	Phone:	Relationship:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

INITIAL EACH STATEMENT BELOW

Sect. 10M-12.008(2) Fla. Adm. Code requires that parents must receive a copy of the childcare facility brochure, "Know Your Child's Day Care Center". The parents' or legal guardian's signature verifies receipt of the brochure online via the link below.

_____ I have read and understand the brochure: "Know Your Child's Day Care Center" ONLINE at: <http://ccrain.fl-dcf.org/documents/7/48.pdf#page=1>

_____ I have been furnished a copy of The Montessori at Trinity Oaks "Parent Handbook", & hereby agree to abide by it in full.

_____ I understand the Discipline Procedures at the school as stated in the Parent Handbook.

_____ I understand the School Withdrawal Policy as stated in the Parent Handbook, and I understand that **Registration fees are NON-REFUNDABLE.**

PROGRAM DAYS AND PROGRAM SCHEDULE (PLEASE CHOOSE)

<input type="checkbox"/> Three Day (M/W/F) <input type="checkbox"/> Five Day	<input type="checkbox"/> Young Children's Program <input type="checkbox"/> Pre-Primary Program <input type="checkbox"/> VPK Voluntary Pre-Kindergarten <input type="checkbox"/> Kindergarten	<input type="checkbox"/> Half day (8:00 a.m. - 12:00 p.m.) <input type="checkbox"/> Full day (8:00 a.m. - 3:00 p.m.) <input type="checkbox"/> Before care (7:15 a.m. - 8:00 a.m.) <input type="checkbox"/> After care (3:00 p.m. - 6:00 p.m.)
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PAYMENT PLAN (PLEASE CHOOSE)

<input type="checkbox"/> Plan A	One Full Annual Payment (4% discount) of \$_____.
<input type="checkbox"/> Plan B	Two Semi-annual Payments (1.5% discount) of \$_____.
<input type="checkbox"/> Plan C	Ten Monthly Payments Due on the 1 st of each month \$_____.

PARENT / SCHOOL AGREEMENT

- I/We agree the named child is admitted for the full term and I/we hereby agree to pay tuition and fees for the full term (for the remainder of the term if enrollment is after the school year begins).
- I/ We hereby elect to pay tuition and fees to **The Montessori at Trinity Oaks** tuition schedule for the academic school year: **2022-2023** based on the payment plan above.
- As stated in the Parent Handbook, I/ we understand that **Registration fees are NON-REFUNDABLE.**
- As stated in the Parent Handbook, I/We understand that if our child is withdrawn from school for any reason, I/We will be responsible to give the school a **30-day notice** and **Registration fees are NON-REFUNDABLE under any circumstances.**
- I/We agree that the enrollment will be canceled within 7 days if payment schedules are not met.

I have also fully read and agree to all items stipulated in the Enrollment Form and The School Parent Handbook.

Signature of applicant:	Relationship to child:	Date:
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OFFICE USE ONLY

SCHOOL:	PROGRAM:	DATE RECEIVED:
REGISTRATION FEE: \$	CHECK #:	INITIALS:
ALLERGIES:	SPECIAL NOTES:	

CHILD'S INFORMATION

Child's Full Name:	Child's Nickname:	Child's Date of Birth:
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"Within the child lies the fate of the future" - Maria Montessori

PHOTO RELEASE AUTHORIZATION

This release is required to be on file certifying that you **DO consent** or **DO NOT consent** for your child to be photographed while at school. Photos may be used in school displays and our annual Yearbook. Some pictures may also appear in brochures, newspapers, school website and social networking site.

Please circle your choice of consent and sign below.

PHOTO RELEASE CONSENT	DO NOT CONSENT	Parent Signature:
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MEDICAL CONDITIONS

List any medical, allergic, dietary, or handicapping condition of your child:

Note: If condition(s) requires it, written plan must be developed by the Director, parents, and physician, specialist, which specifies the condition and special provision which will be made to meet the needs of the child. This written plan must be on file with the school.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at **The Montessori at Trinity Oaks**, I understand the facility will: 1) contact me immediately, or 2) contact the person(s) designated by me if I cannot be reached.

Should the facility be unable to reach me, or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are *authorized to administer emergency medical treatment* necessary to ensure the health & safety of my child. *I will accept all financial responsibility for all payments for medical services rendered.*

Preferred Hospital:

Address:

Parent Signature:

Note: Current immunization records must accompany child

Physician's Name:

Address:

Phone:

Dentist Name:

Address:

Phone:

ALTERNATE NUTRITION PLAN AGREEMENT

I understand and approve the use of the School Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs. Indicate special dietary requirements (if any): _____

Parent provides morning snack and lunch.

The Montessori at Trinity Oaks provides afternoon snack for after-care students.

Note: When prescribed in writing by a physician, a special snack can be provided by the parents.

HC-CCL- #5019 (Rev. 10/86)

EDUCATIONAL AND HOME INFORMATION

Has your child attended Montessori School, daycare, or pre-schools before?

(Please circle one) Yes No

How Long?

What are your child's favorite activities?

Does your child have special needs?

Is your child fully potty trained?

(Please circle one) Yes No

Do they have a special word they use?

Does your child have special responsibilities at home?

Is there a pet in the home?

(Please circle one) Yes No

What kind?

What is your child's pet's name(s)?

Does your child have any unusual eating habits?

What forms of discipline do you use in the home?

What are your expectations for your child at our school?

Helpful information about your child: