



### Registration for Primary/Pre-Primary

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Persons who will assume responsibility for the child if the parent/guardian cannot be reached:*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

#### **Emergency and Release Agreement**

Persons your child can be released to:

Name _____	Phone # _____	Relationship _____
Name _____	Phone # _____	Relationship _____
Name _____	Phone # _____	Relationship _____
Name _____	Phone # _____	Relationship _____

Your child will not be released to anyone other than a parent or guardian, unless listed above. A photo ID will be needed by any new face to the teacher on duty.

You may give a written letter to the office to release your child to someone who is not on the list above. They will need to show a photo ID at the time of pick up. **(Please fill out the Multiple Custody Agreement if you are separated or divorced parents.)**

# Schedules/Tuition Agreement

## Schedules

Check Preferred Schedule:

Year Round (Sept. - Aug.)

School Year (Sept. - May)

I want my child to attend...:

Morning (8:30-12:30)

My child will also need.....

AM Child Care (7:00-8:30)

School Day (8:30- 3:00)

PM Child Care (3:00-6:00)

Both AM & PM Child Care

## Tuition

Sept. 2011 Price Increase

Morning	8:30-12:30..	\$445.00	470.00
School Day	8:30-3:00..	\$560.00	585.00

**Morning and school day children should not arrive to school before 8:20. School day children need to be picked up no later than 3:00.**

Monthly Extended Childcare Program (Fees per month)

Early Morning	7:00-8:30..	\$45.00
After School	3:00-6:00..	\$90.00
Both	7:00-6:00..	\$125.00

*10% sibling discount for the 2nd child*

*5% sibling discount for the 3rd child*

### Fees

- Annual registration Fee \$70.00 (Due on or before April 1<sup>st</sup>)
- New student enrollment Fee \$100.00, refunded upon receipt of last month's tuition
- Additional pre-primary monthly charge \$60.00
- Kindergarten (**see handbook for requirements**) annual fee \$60.00
- Summer monthly fee (June-August) \$20.00
- Late pick-up charge \$1.00 per minute, paid directly to the staff member on duty

Tuition is due on the 1st of the month. A late fee of \$20 will be assessed after the 5th of the month. Full tuition plus late fee is due on the 10th of the month or student dismissal may result. Tuition will not be refunded or credited for sickness, holidays, or snow days.

Withdrawal from school requires a written notice given 30 days in advance or further tuition charges will accrue and your enrollment deposit will not be refunded.

***I have read and understood that I am obligated to pay \$\_\_\_\_\_ per month. I understand the terms of the tuition agreement and know that my enrollment deposit is not refundable if a 30 day notice of termination is not given.***

**Father or Guardian sign** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother or Guardian sign** \_\_\_\_\_ **Date** \_\_\_\_\_

## Authorization for Medical Emergencies

I, (Father/Guardian) \_\_\_\_\_ / (Mother/ Guardian)

\_\_\_\_\_, authorize Lakewood Montessori to secure emergency medical and/or surgical treatment from a licensed physician and/or hospital for my child, \_\_\_\_\_, should it be necessary. I understand that all reasonable efforts will be made to notify me before such action is taken and I agree that the expenses of such emergency care will be accepted by me.

List all allergies your child has:

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Physician to be called in an emergency:

Physician's Name \_\_\_\_\_ Practice Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist to be called in an emergency:

Physician's Name \_\_\_\_\_ Practice Name \_\_\_\_\_ Phone \_\_\_\_\_

1. *I give permission to call the above listed physician and/or the above dentist in the case of an emergency, if I am unable to be reached.*
2. *I have attached any applicable physician's reports specific to my child's special physical or emotional needs.*
3. *I understand no medication will be administered by the staff without written permission.*
4. *I give permission to the above people to pick my child up from school and know that I will need to give written authorization to add or make changes.*
5. *I have listed all known allergies.*
6. *I have attached my child's immunization records to the registration form.*

Father or Guardian sign \_\_\_\_\_ Date \_\_\_\_\_

Mother or Guardian sign \_\_\_\_\_ Date \_\_\_\_\_

## Picture Release

Lakewood Montessori may occasionally use your child's picture in the quarterly news letter. His/her picture will not be used for advertising or media purposes. The picture will only be used for school publications.

I, (Father/Guardian) \_\_\_\_\_ / (Mother/ Guardian) \_\_\_\_\_, hereby release \_\_\_\_\_ picture to Lakewood Montessori to be used for school publications.

I, (Father/Guardian) \_\_\_\_\_ / (Mother/ Guardian) \_\_\_\_\_, hereby do not release \_\_\_\_\_ picture to Lakewood Montessori to be used for school publications.

Father or Guardian sign \_\_\_\_\_ Date \_\_\_\_\_

Mother or Guardian sign \_\_\_\_\_ Date \_\_\_\_\_

## Pedagogical Agreement

Lakewood Montessori seeks to provide a foundation for life-long learning which enhances personal integration and understanding of interdependence. Communication between the family and the school is essential to this process. A partnership between home and school creates optimal opportunities for development.

Teachers and parents participate in two conferences during the school year according to times specified on the school calendar. Additional conferences may be scheduled by either parent or teacher, as needed. Our staff occasionally plans parent education programs to highlight aspects of Montessori education and child development. Parents attendance and participation is a critical element in ensuring the fullest benefits of a Montessori education for your child.

Lakewood Montessori provides an education that is personalized according to the abilities and interests of each individual child. The Montessori philosophy does not condone rote learning and does not have a curriculum that is age based. The Montessori philosophy is based on a deep respect for the child, particularly the individuality of each

child. We work to develop the whole child: body, mind and spirit. We, as teachers “Follow the lead of the child.” Each child learns at their own pace. Although parents might have expectations as to when their child is to advance in an academic subject, they need to keep in mind that advancement depends on the individual child’s interest, ability, natural course of development, and observations of the teacher. This is in keeping with the Montessori philosophy.

***I have read the agreement and understand my commitment as a parent of a child at Lakewood Montessori School.***

**Father or Guardian sign** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Mother or Guardian sign** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Parent Handbook**

I have read the parent handbook and understand the following:  
(Both Parents/Guardians need to initial)

_____	_____	Illness policy
_____	_____	Child Guidance Policy
_____	_____	No Peanut Policy
_____	_____	Observation Guidelines
_____	_____	Student Vacation Policy
_____	_____	No toys at school Policy
_____	_____	Healthy Lunch Policy
_____	_____	Holiday Child Care Policy
_____	_____	Kindergarten Requirements

***I agree to cooperate with the general policies of Lakewood Montessori. My signature below indicates that I have read the terms of this agreement, as well as the Parent Handbook. It further indicates that I have had this information explained to me and that all of my questions have been satisfactorily answered.***

**Father or Guardian sign** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Mother or Guardian sign** \_\_\_\_\_ **Date** \_\_\_\_\_

We, (Father/Guardian) \_\_\_\_\_ and (Mother/ Guardian) \_\_\_\_\_, are divorced or separated parents and have filled out and signed the Multiple Custody Agreement.

**Father or Guardian sign** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Mother or Guardian sign** \_\_\_\_\_ **Date** \_\_\_\_\_

I, (Father/Mother/Guardians) \_\_\_\_\_ am using ICCP as a form of payment to Lakewood Montessori and have filled out and signed the ICCP Agreement Policy.

**Father or Guardian sign** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Mother or Guardian sign** \_\_\_\_\_ **Date** \_\_\_\_\_

# Child and Parent Information Sheet (Please print)

Child's Full Name \_\_\_\_\_

Name used by family or nickname \_\_\_\_\_

Please list family members and relationship to child:

What country or nationality do you claim as your heritage? \_\_\_\_\_

Do you have pets? What kind and what are their names? \_\_\_\_\_

What is the main language used at home? \_\_\_\_\_ Other languages used: \_\_\_\_\_  
Which is preferred? \_\_\_\_\_

Why did you choose Montessori for your child's early education? \_\_\_\_\_

What do you want your child to learn from Montessori education? \_\_\_\_\_

Describe your child's interests in literacy activities (reading, writing, drawing, story telling...) \_\_\_\_\_

What are your child's favorite books? \_\_\_\_\_

What types of activities does your child enjoy with family members? \_\_\_\_\_

Does your child have any fears (animals, insects, darkness, large groups, loud noises...)? \_\_\_\_\_

Has your child been in a preschool or daycare before? \_\_\_\_\_

What are your child's best qualities? \_\_\_\_\_

Please list anything else that you feel is important for the staff to know about your child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

## Volunteer Opportunities

As you know, it is important to be involved in your child's education. Studies have proven that the child benefits from collaboration between home and school. Please consider volunteering in some capacity. No matter how strong our school is, it will be stronger with your support.

In what capacities are you willing to serve?

- Room parent (help organize and execute class parties)
- Art parent (help the art teacher once per week, help display art, help with spring art fair)
- Make materials for class
- Share a talent with your child's class (guitar, cooking, painting, etc.)
- Help with field trips (Kindergarteners only)
- Help with the Holiday Party in December
- Help with the Global Picnic in May
- Share information, traditional clothing, food samples, language or etc. from your child's heritage
- Parent Organization
- Spring clean-up day
- Fall clean-up day
- PTO Member
- PTO Fundraisers

Other:

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