

OFFICE USE ONLY
DATE RECEIVED _____
DEPOSIT RECEIVED _____
REG. FEE RECEIVED _____
START DATE _____

The Spencer House Montessori School

13921 NW 146th Avenue, Alachua FL 32615
 Phone (386) 418-1213 • Fax (386) 462-2839
 www.spencerhousemontessori.com

APPLICATION FOR ENROLLMENT

Please circle your enrollment choice

Tuesday & Thursday 8:30-3:00 Monday-Wednesday-Friday 8:30-3:00 Monday thru Friday 8:30-3:00

I wish to participate in the school's aftercare enrichment program from 3:00 to 6:00 pm ____ Yes ____ No

STUDENT INFORMATION

Child's Name _____ Date of Birth _____
 Address _____ City _____
 Zip Code _____ Phone _____

FAMILY INFORMATION

Mother's Name _____	Father's Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____

Primary Custody: Mother ____ Father ____ Both ____ Other _____

Email address (monthly school newsletter and announcements) _____

MEDICAL INFORMATION

I hereby grant permission for the staff of Spencer House Montessori to contact the following medical personnel to obtain emergency medical care for my child if needed.

Doctor _____	Phone _____
Doctor _____	Phone _____

Hospital Preference _____

Please list allergies, special medical or dietary needs, or other areas of concern:

CONTACTS

Your child will be released only to the custodial parent or legal guardian and the persons you specify below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

IMPORTANT INFORMATION

65C-20, F.A.C., requires a current physical examination (form 3040) and immunization record (form 680 or 681) within 15 days of enrollment. Failure to meet this deadline can result in your child not being allowed to return to school until the requirement is met.

65C-22, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

I have received the brochure “Know Your Childcare Facility” provided by the Florida Department of Children and Families.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

Becoming Acquainted

Help us become acquainted with your child by completing the following items. This questionnaire will help us develop an appropriate schedule and curriculum that closely follows your child's specific needs.

CHILD'S NAME _____

FATHER: _____

MOTHER: _____

HAS YOUR CHILD ATTENDED ANY CARE OUTSIDE THE HOME? _____

WHERE? _____

KINDS OF PETS AND THEIR NAMES: _____

CHILD USUALLY GOES TO BED AT: _____ GETS UP AT: _____

APPETITE: GOOD _____ POOR _____ VARIABLE _____

DOES YOUR CHILD ENJOY HAVING SOMEONE READ TO HIM OR HER? ____

FAVORITE BOOKS? _____

INTERESTS: _____

ATTACHMENT OBJECT: _____

FAVORITE TV PROGRAMS: _____

FAVORITE GAMES:

DO YOU HAVE ANY SPECIFIC GOALS FOR YOUR CHILD WHILE IN CARE?

EARLY CHILDHOOD EXPERIENCES: CHECK ALL THAT YOUR CHILD USES FREQUENTLY. _____
_____ CRAYONS _____ CHALK _____ PLAYDOH _____ PENCILS _____ PASTE _____
FINGERPAINT _____ PUZZLES _____ SAND _____ WATER _____ BOOKS _____

IS THERE ANY OTHER IMPORTANT INFORMATION WE MAY NEED TO KNOW ABOUT YOUR CHILD AS WE WORK WITH HIM OR HER?

DOES YOUR CHILD HAVE A SPECIAL TALENT (SUCH AS ART, PLAYING A MUSICAL INSTRUMENT, OR A HOBBY) TO SHARE WITH US?

WOULD YOU BE WILLING TO HELP US BY DOING ANY OF THE FOLLOWING ACTIVITIES? IF SO, PLEASE CHECK ALL THAT APPLY:

FIELD TRIPS _____ SEWING _____ TYPING _____ WASHING BEDDING _____ HELPING WITH CLASS-
ROOM PROJECTS _____ OTHER _____

WOULD YOU BE WILLING TO GIVE TIME TO CLASSROOM ACTIVITIES? _____

DO YOU HAVE A SPECIAL ABILITY TO SHARE WITH US?

HOW OFTEN ARE YOU WILLING TO VOLUNTEER? _____

OTHER CHILDREN IN THE FAMILY:

NAME _____ AGE _____
NAME _____ AGE _____
NAME _____ AGE _____

HOW DOES YOUR CHILD INTERACT WITH OTHER CHILDREN?

DOES YOUR CHILD HAVE ANY EATING PROBLEMS? SPECIAL DIETARY CONDITIONS? ALLERGIES?
PLEASE BE SPECIFIC.

WHAT TYPE OF DISCIPLINE DO YOU USE AT HOME?

LIST ANY COMMUNICABLE DISEASES YOUR CHILD HAS HAD:

ADDITIONAL PERTINENT INFORMATION:

PERSON GIVING INFORMATION: _____



The Spencer House Montessori School DISCIPLINE POLICY

At The Spencer House Montessori School our policy is to utilize the positive discipline and redirecting behavior model in dealing with young children. Our staff has been trained to help the children talk through inappropriate actions at a level they can understand. Our teachers facilitate with kind but firm reminders throughout the day.

If necessary, a child may be asked to go to a self-quieting area or “thinking chair” until they are ready to rejoin the group. We place no specific time limitations on this “thinking chair” placement and the child is free to leave the chair once they feel ready to rejoin the group.

PAYMENT TERMS

Your child's tuition is due by the 5th of each month in order to receive your \$25 pre-payment discount. If no payment has been received by the 10th of the month, a \$25 late fee is applied. If no payment has been received by the 15th, your child will not be allowed to attend school until your account is brought current. We reserve the right to fill your child's position in their class while they are suspended for an overdue account.

Afterschool charges are billed every two weeks and are due upon receipt. Beginning seven days after receipt, a \$5 late fee is added for each day that payment is not received. Children whose account are two weeks in arrears will not be allowed to stay for afterschool.

PAYMENT METHODS

We accept cash, checks, MasterCard, Visa, or Discover. Invoices are placed in your child's folder in their classroom on a regular basis, so please check it each week.

We encourage parents who can do so to setup automatic credit card billing with us. This is an excellent way to earn points on your card for something that has to be payed for anyway, and it helps the school by reducing our bookkeeping overhead. We use a major credit card transaction company and we do not store the numbers on a computer. This ensures that your numbers are kept safe. You will receive a paid statement in your child's folder of each transaction for your records. If you are interested in paying by credit card, please fill out the form below and bring it to the office.



Yes, I would like to have my child's monthly tuition billed to my credit card

please circle one: MasterCard Visa Discover

Name _____

Address _____ City _____

Zip Code _____ Email Address _____

Credit Card Number _____ Exp. Date _____

Please bill my card for the following:

Monthly Tuition () Afterschool () Registration Fee ()

Signature _____ Date _____