

Application for Admission

Student's Full Name_____

Preferred name or nickname_____

Date of Birth_____ Age_____ Gender_____

Program attending (check appropriate boxes): _____ Half Day (7:00-12:00)

____ School Day (7:00-3:00) _____ All Day (7:00-6:00)

Address_____

City_____ State_____ Zip_____

Home Phone Number_____

What public school would your child attend?_____

Parent's Name_____

Home Address_____

Telephone_____ Cell Phone_____

Employer_____ Occupation_____

Employer's Address_____ Work Phone_____

E-Mail_____

Parent's Name_____

Home Address_____

Telephone_____ Cell Phone_____

Employer_____ Occupation_____

Employer's Address_____ Work Phone_____

E-Mail_____

NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS

This school admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, race, national and ethnic origin in administration of its educational and admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Has the child previously attended a child-care center or school? ___no ___yes

Where?_____For How Long?_____

Reason for leaving_____

Child's present living arrangement:___Both parents _____One parent

___Other_____

Child's legal guardian_____Both Parents _____one parent

___Other_____

Is your child adopted? ___yes ___no

Are they aware of their adoption? ___yes ___no

Does your child speak English? ___yes ___no

What language is primarily spoken at home? _____

List all individuals living in the home (including parents/step-parents):

Name	Age	Relationship
------	-----	--------------

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

Name_____Phone_____Relationship_____

Address_____

These persons may be contacted in an emergency when guardian(s) may not be located, and have permission to pick up the child when guardian(s) is/are not able to do so in person:

Name	Address	Telephone
------	---------	-----------

Who may NOT pick up your child? _____

I, _____, the parent of _____ have completed the admission information and agree to update the information as it becomes necessary.

Parent's Signature_____ Date_____

Students Development History

Please mark the diseases your child has had: _____ chicken pox _____ mumps
_____ 3-day measles _____ Whooping cough _____ other

Please mark any of these conditions your child has:

_____ Diabetes _____ Asthma _____ Kidney trouble
_____ Heart ailments _____ Ulcers _____ ADD _____ Hay fever
_____ Headaches _____ Seizures _____ Hyperactivity _____ other

Does your child have any special physical, emotional or learning challenges? If so, please explain the condition and what special accommodations we may make to meet your child's needs at school.

Does your child presently take a regularly prescribed medication?

_____ yes _____ no If so what? _____

What discipline do you use at home? _____ Physical _____ Lecture _____ Restriction
_____ Other

What time does your child usually go to bed? _____ awaken? _____

Please mark any of these experiences your child had difficulties with in his early years _____ Eating _____ Sleeping _____ Speaking _____ Toilet training _____ Crying
_____ Cuddling _____ Serious injuries _____

Getting along with others _____ Discipline

Explain _____

Has your child ever been hospitalized? _____ yes _____ no If so, at what age? _____
Reason _____

Has your child had their eyes checked? _____ yes _____ no _____ wears glasses

Has your child had their hearing checked? _____ yes _____ no _____ Corrections

Has your child had their speech checked? _____ yes _____ no

Are they receiving speech therapy? _____ yes _____ no

Describe child's physical development. _____ normal _____ rapid _____ slow

Date of last pediatrician exam? _____

Medical History Form

Child's name _____

Child's physician or Clinic's Name _____

Telephone Number _____ Any Known allergies _____

Address _____

LEGAL REQUIREMENTS

By state law all children are required to have these immunizations in order to enter a school or child care center: Mumps, Measles, Rubella, Diphtheria, Tetanus, Pertussis, Polio, HibCV, Varicella, Hepatitis A, and Pneumococcal. We are required by the Department of Regulatory and Protective Services to have a copy of your child's immunization record from your family physician, clinic or public health department documenting the number and types of doses, and the date on which they were given. IF your physician does not give all the immunizations listed, he/she must attach a written statement to that effect. This form, or an acceptable substitute, MUST be in your child's file in our office within one week of your child's admission. As your child is immunized you must bring an updated copy to the office. Has your child had any serious illness or hospitalization in the last 12 months? ___no___yes
Explain _____

EMERGENCY MEDICAL CARE

In the event that I am not immediately available and/or upon serious illness or injury to my child, I hereby authorize the staff of Amarillo Montessori Academy to obtain emergency medical care and to transport the child for emergency medical treatment.

Parent's signature _____ Date _____

A written statement from a healthcare professional who has examined the child indicating the child is able to take part in the child care program must be on file with AMA within one week after the date of admission. If this is not possible please indicate the date of your upcoming appointment. _____

Publicity and Marketing

The Academy continually engages in advertising and marketing activities designed to inform the public concerning the Montessori method and philosophy and the way it is implemented at the school. Brochures containing pictures of children at their work, Internet marketing, videotapes of programs in which the children perform, and slides of classroom activities are often used in public presentations. Please indicate your wishes regarding this below.

The Amarillo Montessori Academy may use, publish, or broadcast any photograph, tape recording, or television tapes and may use the materials at its discretion any teacher using pictures for instructional purposes does so under this policy. I acknowledge the above policy and give my permission for the use of photographs, tape recordings, etc. of my child.

(print child's full name)

Signature _____ Date _____

I do not give my permission for my child to be photograph or tape recorded.

Signature _____ Date _____

Please share my phone number with my child's room parent. ___yes___no

Financial Information

Fee Schedule:

1. Registration for New Student	(nonrefundable)	\$250
2. Re-registration fee	(nonrefundable fee)	\$200
3. Summer registration fee	(nonrefundable fee)	\$75
4. Re-registration school year	(nonrefundable fee)	\$125
5. Waiting list fee	(applied to registration fee)	\$50

**IF YOUR CHILD STARTS SCHOOL AFTER JUNE , THE
12 MONTH PAYMENT IS NOT AN OPTION
The nine month payment plan will have a pro-rated amount for August**

<u>Year</u>	<u>Hours</u>		<u>Month</u>
<u>Infant</u>	<u>7:00 a.m.-6:00 p.m.</u>		
\$9,300	12 monthly payments	June-May	\$775
<u>Toddler/Bridge</u>	<u>7:00 a.m.-6:00 p.m.</u>		
<u>All Day</u>			
\$9060	12 monthly payments	June-May	\$755
\$7155	9 monthly payments	August-May	\$795
<u>School Day</u>	<u>7:00 a.m.-3:00 p.m.</u>		
\$7500	12 monthly payments	June - May	\$625
\$5895	9 monthly payments	August-May	\$655
<u>Preschool & K</u>	<u>7:00 a.m.-6:00 p.m.</u>		
<u>All Day</u>			
\$8700	12 monthly payments	June- May	\$725
\$6840	9 monthly payments	August-May	\$760
<u>School Day</u>	<u>7:00 a.m.-3:00 p.m.</u>		
\$7080	12 monthly payments	June- May	\$590
\$5580	9 monthly payments	August-May	\$620
<u>Half-Day</u>	<u>7:00 a.m.-12:00 p.m. (not available for the infant room)</u>		
\$6300	12 monthly payments	June- May	\$525
\$4725	9 monthly payments	August-May	\$525

Note: All fees are proposed and subject to change. The Board of AMA reserves the right to correct typographical errors or to adjust the Tuition and Fees schedule at any time it deems necessary.

Tuition Policy

Tuition is charged as an annual fee based on the number of school days in the year. Additional children from the same family will receive a 10% discount each month. (The discount will be off the oldest child.) A 3% fee is assessed on all credit card transactions. The monthly payment plan is divided into equal payments. Payments are due regardless of the number of days school is held during a particular month or the number of days a child attends. There are no reductions in school tuition for holidays, absences due to illness, family vacations or any other reason. If you would like to pay your tuition in full for the entire school year you will receive a 5% discount. (This amount is nonrefundable) The Board of Amarillo Montessori Academy reserves the right to increase tuition and fees and to set new fees. Any changes may be applicable to students already enrolled in AMA. **If your child is at the school past 6:00 p.m. the cost will be \$5.00 per minute and is due when the child is picked up.**

Tuition Due Date

Tuition and fees are due on the first of the month. If tuition is not received by the tenth of the month, a \$30.00 late payment fee will be charged to the account. If a check is returned from the bank as unpaid and is unable to be put through a second time, another form of payment will be required for all future transactions. If tuition and/or fees remain unpaid for more than one month, your credit card will be charged, and the child can be dismissed from school. *Two weeks written notice of withdrawal from AMA is required.*

Fundraising Events

Finally, AMA holds two fundraising events each year - Hullabaloo in May and Wing Wars in September. These events are crucial to the operating budget for AMA. Your involvement at these events is welcomed and very much appreciated.

My child will attend the Amarillo Montessori Academy from:

_____ to _____

I have read and agree to the tuition policy at the Amarillo Montessori Academy.

Signature_____ Date_____

Credit Card Payment Guarantee Form

By Signing on this form, you are authorizing Amarillo Montessori Academy to consider this credit card "on file" to be used to guarantee payment of past due invoices. Any invoice from Amarillo Montessori Academy providing services that has become more than 30 days past due will be paid by the use of the credit card. This authorization includes all charges shown on each invoice(s) which are past due. Services rendered are non-revocable charges and are due independent of outcome.

This "Payment Guarantee Only" form advises that you will be invoiced on NET 10 days terms (or other NET terms as agreed/accepted by Amarillo Montessori Academy in writing to provision of any services) and charges may be applied to the card only when invoice payments become delinquent. You will be notified by telephone prior to activating a payment guarantee charge, but Amarillo Montessori Academy is not obligated in any way to extend further terms.

Please Print

My credit card is (select one): Visa Mastercard

Name as it appears on credit card (printed): _____

Credit Card Number _____ Expiration Date: _____

3 digit card verification number (on back of card) _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ Fax: _____

Email: _____

By my authorizing signature below, I am agreeing that all charges placed on this credit card for all services are non-refundable and non-cancelable by me or any party authorized on this credit card.

Name of person authorizing payment of invoices by above credit card

Signature of person authorizing payment of invoices by above credit card

Date of Signature

(This form is stored off site in a safety deposit box)
Digital Recording & Video Surveillance Policy

Video Surveillance Policy

To ensure the protection and security of the children who attend Amarillo Montessori Academy (the "Academy"), the teachers and staff employed by the Academy, parents of children and visitors to the Academy, the Academy is equipped with a video surveillance system and security cameras that monitor and record each classroom at the school. Cameras are in child care areas but are not in bathrooms, diaper changing areas, or administrative offices.

Because we value and respect the privacy of all children, parents, teachers, and staff at the Academy, the video surveillance system and security cameras are for internal purposes only. The video feed and images are secure, will be stored on a hard drive located in the Executive Director's office, viewable only on a computer located in that office, cannot be viewed remotely and will not include a live video-streaming system. The video footage will not be continuously monitored.

The video footage will not be used for any unlawful or inappropriate purpose, including but not limited to any violation of the legal rights (including the rights of privacy and publicity) of others or the transmission of any defamatory, harmful, obscene, threatening, vulgar, profane, abusive or racially, ethnically or otherwise objectionable or unlawful material.

Video footage will be viewed only in certain circumstances, including:

- (1) when an incident occurs requiring report and investigation by Texas Department of Family and Protective Services Child Care Licensing;
- (2) when any child is injured requiring medical attention;
- (3) when any employee is injured requiring medical attention; and
- (4) when any inappropriate behavior is alleged to have occurred.

If any incident delineated above occurs, the applicable video footage may be viewed first by the Executive Director. At his/her discretion, the footage may then be viewed by a member of the Executive Board. If the Executive Director and member of the Executive Board find it necessary, the footage may also then be viewed by an attorney. In the event the matter is not resolved at this point, the footage may, upon request, be viewed by the teacher, staff, or other employee involved in the delineated incident and his or her representative, if any. Parents of any child involved in the incident, and their representative, if any, may also view the footage at this time if they so request. At any time, the footage may be viewed by a representative of the Texas Department of Family and Protective Services Child Care Licensing.

The Academy will maintain video footage for a period of thirty (30) days. The Academy will not, and is not obligated to, archive or otherwise maintain videotape or other reproduction of the content which appears on the video for future reference beyond thirty (30) days.

I, the undersigned, agree that I have read and understand this Digital Recording & Video Surveillance Policy and I agree to comply with all policies and procedures contained herein.

Parent/Staff Signature

Date