



**AMARILLO**  
MONTESSORI ACADEMY

## Elementary Application for Enrollment

Student's Full Name \_\_\_\_\_

Preferred name or nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Program attending (check appropriate boxes):

\_\_\_\_\_ School Day (7:00am – 3:00pm) \_\_\_\_\_ All Day (7:00am – 6:00pm)

What public school would your child attend? \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

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

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

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

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

### NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS

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

Child's present living arrangement:

\_\_\_\_ Both parents    \_\_\_\_ One parent    \_\_\_\_ Other

Child's legal guardian:

\_\_\_\_ Both parents    \_\_\_\_ One parent    \_\_\_\_ Other

List all individuals living in the home (including parents/stepparents)

<b>Name</b>	<b>Age</b>	<b>Relationship</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMERGENCY CONTACT ID PARENTS CANNOT BE REACHED**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Who may NOT pick up your child? \_\_\_\_\_

I, \_\_\_\_\_, the parent of \_\_\_\_\_ have completed the enrollment information and agree to update the information as it becomes necessary.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**School attended in the last three years:**

<b>School Name</b>	<b>Grade</b>	<b>Address</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

# Medical History Form

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

Child's physician or Clinic Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Address \_\_\_\_\_

Any known allergies \_\_\_\_\_

Any intolerance \_\_\_\_\_

\*If an allergy is medically diagnosed, an allergy action plan must be filled out by the attending physician and returned to our front office.

## LEGAL REQUIREMENTS

By state law all children are required to have immunizations to enter a school or childcare 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 are 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?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Explain \_\_\_\_\_

## EMERGENCY MEDICAL CARE

If I am not immediately available and/or upon serious 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 childcare program must be on file with AMA within one week after the date of enrollment. If this is not possible, please indicate the date of your upcoming appointment. \_\_\_\_\_

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 conditions and what special accommodation we may make to meet your child's needs at school.

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Does your child presently take 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 within their early years:

Eating     Sleeping     Speaking     Toilet training  
 Crying     Cuddling     Serious injuries     Discipline  
 Getting along with others

Explain \_\_\_\_\_

Has your child 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

Describe child's physical development     Normal     Rapid     Slow

Date last pediatrician exam? \_\_\_\_\_

# 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.

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.

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

I **GIVE** permission for my child to be photographed or tape recorded by Amarillo Montessori Academy.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I **DO NOT** give permission for my child to be photographed or tape recorded by Amarillo Montessori Academy.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you consent to the lead teacher sending pictures to you via Brightwheel?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

# Financial Information

## Fee Schedule:

1. Application Fee for New Students	(nonrefundable fee)	\$250
2. Summer Only Application Fee for New Students	(nonrefundable fee)	\$75
3. Waiting List Fee	(nonrefundable fee)	\$250

If your child starts school after July 2023, the 12-month payment is not an option. The 9-month payment plan will have a pro-rated amount for the month you enroll.

<u>Program</u>	<u>Hours</u>	<u>Month</u>	<u>Tuition</u>
<b>Infant</b>	<b>7:00am – 6:00pm</b>		
\$10,320	12 monthly payments	June-May	\$860
<b>Toddler/Bridge</b>			
<u>All Day</u>	<b>7:00am – 6:00pm</b>		
\$10,260	12 monthly payments	June-May	\$855
\$8,145	9 monthly payments	August-May	\$905
<u>School Day</u>	<b>7:00am – 3:00pm</b>		
\$8,640	12 monthly payments	June-May	\$720
\$6,750	9 monthly payments	August-May	\$750
<b>Preschool &amp; Kindergarten</b>			
<u>All Day</u>	<b>7:00am – 6:00pm</b>		
\$9,900	12 monthly payments	June-May	\$825
\$7,785	9 monthly payments	August-May	\$865
<u>School Day</u>	<b>7:00am – 3:00pm</b>		
\$8,220	12 monthly payments	June-May	\$685
\$6,435	9 monthly payments	August-May	\$715
<b>Elementary 1<sup>st</sup> – 5<sup>th</sup></b>			
<u>All Day</u>	<b>7:00am – 6:00pm</b>		
\$11,280	12 monthly payments	June-May	\$940
\$8,460	9 monthly payments	August-May	\$940
<u>School Day</u>	<b>7:00am – 3:00pm</b>		
\$9,900	12 monthly payments	June-May	\$825
\$7,425	9 monthly payments	August-May	\$825

**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.

# 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 have become more than 30 days past due will be paid using 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 the 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.

My credit card is a \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Name as it appears on credit card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

3-digit card verification number \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

By my authorizing signature below, I agree 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.

\_\_\_\_\_ Date \_\_\_\_\_

Name of person authorizing payment of invoices by above credit card

\_\_\_\_\_ Date \_\_\_\_\_

Signature of person authorizing payment of invoices by above credit card

# Tuition Policy

Tuition is charged as an annual fee based in the number of school days on 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 will be added to all credit card payments. 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. (The amount is nonrefundable)

**The Board of Amarillo Montessori Academy reserves the right to increase tuition and fees, and to set new fees. Any charges may be applicable to students already enrolled in AMA. If your child is at school past 6:00pm 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.*

My child will attend the Amarillo Montessori Academy from:

\_\_\_\_\_ to \_\_\_\_\_

I have read and agree with the tuition policy at the Amarillo Montessori Academy. **I agree to and understand my family contribution obligation.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



# Digital Recording and 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 childcare 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 other 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 mentioned 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 the member of the Executive Board. If the Executive Director and a member of the Executive Board find it necessary, the footage may also be viewed by an attorney. In the event the matter is not resolved at this point, the footage may, upon request, be viewed by a teacher, staff, or other employee involved in the delineated incident and his or her 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)

I, 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 \_\_\_\_\_

# Nutrition Policy

I, \_\_\_\_\_, the undersigned parent of \_\_\_\_\_, have read the nutrition policy in the parent handbook, (on paper or online). I understand that the childcare center is not responsible for meeting my child's daily food needs and I agree that I will undertake that responsibility.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Parent Handbook

Welcome to Amarillo Montessori Academy! Our parent handbook is available to read on our website: [amarillomontessori.com](http://amarillomontessori.com) or you can request a paper copy from the front office.

The staff is here to work with your family to make your child's education and care the very best it can be.

I acknowledge that I have read the parent handbook for Amarillo Montessori Academy.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Sunscreen and Bug Spray Consent Form

I **GIVE** permission to Amarillo Montessori Academy to apply sunscreen and/or bug spray to my child as needed.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I **DO NOT** give permission to Amarillo Montessori Academy to apply sunscreen and/or bug spray to my child as needed.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_