



Application for Enrollment and Policy Agreement

Student Information

Classroom \_\_\_\_\_

Enrollment Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ M / F Date of Birth \_\_\_\_\_

Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ to \_\_\_\_\_

Days of the week in care: M T W TH F

\*\*\*\*\* Child

lives with: Mother Father Both or Guardian (please pick one)

Father's Name \_\_\_\_\_

Email address \_\_\_\_\_

Profession: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Email address \_\_\_\_\_

Profession: \_\_\_\_\_

Employer: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



Child: \_\_\_\_\_

Emergency Contact/Medical Information/Medical Release

**Helpful information about your child:**

History of any serious illnesses, operations, or injuries and if so, at what age

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Is your child on any medications \_If so, which and why?

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Does your child have any allergies known to you (including medication)? If none, state so.

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Allergic reaction occurs through (please check):

\_\_\_\_\_ingestion

\_\_\_\_\_contact

\_\_\_\_\_airborne

Is medication required? YES / NO

NOTE: Any required medication that may need to be administered at school is to be sent in to school along with a doctor's note requesting that school personnel give the medication.

Medication must be in the original container and properly marked with the child's name, directions, and consent for administering.

No Over the Counter Medication will be administered at any time.

**\*\*IMPORTANT: A CHILD WITH ANY SERIOUS FOOD ALLERGIES MUST PROVIDE THE PRESCHOOL A FOOD ALLERGY ACTION PLAN SIGNED BY YOUR CHILD'S DOCTOR. \*\***

Health Insurance Carrier \_\_\_\_\_

ID # \_\_\_\_\_

Subscriber \_\_\_\_\_

Relationship \_\_\_\_\_

Child's Physician \_\_\_\_\_

Phone \_\_\_\_\_

Preferred Hospital

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In case of illness, accident or emergency and we are unable to contact either parent or guardian, please list two nearby relatives or neighbors we should contact, and that are authorized to remove the child from the facility:

Name \_\_\_\_\_

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

Name \_\_\_\_\_

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

**In case of accident, illness, or other emergency, I request that the school contact the parent/guardian. If the school cannot reach a parent/guardian after conscientious effort, I give permission for the school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I give permission for school staff to call paramedics immediately and then contact parent/guardian as soon as possible thereafter. I agree to accept responsibility for the cost of any medical services.**

\_\_\_\_\_  
Parent/Legal Guardian's Signature

Date \_\_\_\_\_

*Child will be released only to the custodial parent or legal guardian and the persons listed above. Additional people may be added on a separate form.*

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and Immunization Record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Day Care Facility". Section 65C-22.006(4)©2., F.A.C., Requires that parents are notified in writing of the disciplinary Practices used by the Child Care Facility.

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

**"I understand that, if my child is admitted to the school, my commitment is for a period of twelve or ten months as shown in my tuition selection and my agreement to pay for the school year is not subject to adjustments due to illness, absence, holiday, or school emergency closings."**

\_\_\_\_\_  
Signature of Parents/Guardians

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



## EXPULSION POLICY

NAME OF CHILD: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

Unfortunately, there are sometimes reasons we must ask that a child be removed from our program, either on a short term or on a permanent basis. We want you to know we will do everything possible to work with you, the parents, to prevent this policy from being enforced.

## DISCIPLINE POLICY

We firmly believe that all children need love, guidance, and support while they are in their formative years. It is therefore essential that our Educators clearly understand the principles of child development and growth. Discipline must be age appropriate, respectful, and never restrict food or toileting.

Inappropriate behavior can be changed by using positive reinforcement to guide the child toward acceptable behavior and offer choices so that they feel that they have voice in the matter. Il Nido Montessori Preschool will effectively use the following tools to manage your child's behavior.

### **WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM**

- **Staff will try to redirect children from negative behavior.**
- **Staff will reassess the classroom environment, appropriate activities, supervision.**
- **Staff will always use positive methods and language while disciplining children.**
- **Staff will praise appropriate behaviors.**
- **Staff will consistently apply consequences for rules.**
- **Child will be given verbal warnings.**
- **Child will be given time to regain control.**
- **Child's disruptive behavior will be documented and maintained in confidentiality.**
- **Parent/guardian will be notified verbally.**
- **Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.**
- **The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.**
- **The parents will be given literature or other resources regarding methods of improving behavior.**
- **Recommendation of evaluation by professional consultation.**
- **Recommendation of evaluation by the local specialists forming a child study team.**



## **“OUR VALUES “**

- 1- We will always do the best for each child**
- 2- We will always value parental involvement**
- 3- We will always value those who serve and care for children**
- 4- We value diversity**

## **SCHEDULE OF EXPULSION**

If the remedial actions above have not worked, the child’s parent/guardian will be notified verbally and in writing about the child’s or parent’s behavior warranting an expulsion.

An expulsion action is meant to be a period so that the parent/guardian may work on the child’s behavior or to come to an agreement with the school. The parent /guardian will be informed regarding the length of the expulsion. And will be informed about the expected behavioral changes required to the child or parent to returned to school.

## **PARENTAL ACTIONS FOR CHILD’S EXPULSION**

- Failure to pay tuition/habitual lateness in payment.**
- Failure to complete required forms including the child’s immunization records.**
- Verba abuse to staff. Physical or verbal intimidation toward staff members.**

## **CHILD’S ACTIONS FOR EXPULSION**

- Failure of a child to adjust after a reasonable amount of time.**
- Uncontrollable tantrums/angry outburst.**
- Ongoing physical abuse to staff or other children.**
- Unable to toilet train in our three-year-old program.**



**POLICY AGREEMENT**

Please carefully read, sign and return the following form to the center director.

I have read the Il Nido Montessori Preschool Parents Handbook and agree to abide by all the policies and procedures therein.

**Payment Profile Policy**

I authorize **ilnido Montessori Preschool to withdraw funds from my bank account or credit card.**

I understand that for Credit Card transactions there is a 2.9% fee for transaction.

For ACH/EFT transactions, there is a \$0.90 fee per transaction.

I confirm that we will use the payment method provided below & will provide 2 weeks notice should we wish to change the payment method

DATE: \_\_\_\_\_

Childs Name(s): \_\_\_\_\_

Parents Name: \_\_\_\_\_

**Payment Method:**

Credit Card:       Bank transfer:

**I will pay:**

Monthly :       Weekly:

**Webcam included( per month):**

**Authorized Signature:** \_\_\_\_\_

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**Discipline / Guidance Policy & Know your Child Care Facility**

I have read and agree to the Discipline and Guidance Policy for ilnido Montessori Preschool.

Parent /Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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### **Photography & Videography**

- I understand that photographs/videos of the children in our programs may appear in our social media.
- I do not grant ilnido Montessori Preschool to post photographs or videos of my child on social media.
  - I agree to having my child's photo posted in our classroom and center.
  - I would prefer not to have my child's picture posted anywhere in the school.

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for selecting Il Nido Montessori Preschool  
as your childcare Provider.



I give permission to the following additional persons to pick up my child in my absence:

Name \_\_\_\_\_

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

Drivers Lic. No. \_\_\_\_\_

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Name \_\_\_\_\_

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

Drivers Lic. No. \_\_\_\_\_

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Name \_\_\_\_\_

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

Drivers Lic. No. \_\_\_\_\_

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Name \_\_\_\_\_

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

Drivers Lic. No. \_\_\_\_\_

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Name \_\_\_\_\_

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

Drivers Lic. No. \_\_\_\_\_

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## ENROLLMENT AGREEMENT INFORMATION

Name of Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_

Please initial each section listed below, then sign and date the last page.

### SECTION I: TUITION AND FEES

\_\_\_\_\_ Basic Services: I understand that ilnido Montessori Preschool provides childcare and development services for families with children 6 weeks to 6 years of age.

\_\_\_\_\_ REGISTRATION FEE: I understand that the payment of a non-refundable registration fee is required on an annual basis in a calendar month as determined by the school.

\_\_\_\_\_ MATERIALS FEE: Supplies and materials purchase for the school will be charged in August and again in January. (Non-refundable)

\_\_\_\_\_ WECAM: Parents can access the cameras upon request, you may have access to them for the monthly rate stipulated. Only two emails will be approved for access. Cancellation to the cameras must be done in writing via BrighWheel app. And it will be disconnected the following month and charges will be removed.

\_\_\_\_\_ SCHOOL DRESS CODE: ilnido Montessori Preschool requires that children wear the school uniform Daily from Nido Toddlers (16 months) through Preschoolers. Baby-Nido/infants' class are not required to wear school uniform.

The uniform consists of school polo shirts with the school logo, available at the school, and **Navy blue or khaki bottoms (shorts, skirts or pants) Jeans are only acceptable for Fridays.** For winter, children should wear the school hoodie with logo, also available at the school. All uniforms should be labeled with the child's first and last name. We will not be responsible for any lost items that are not clearly labeled. Shoes would prefer to be preferably sneakers with Velcro, no laces unless the child can tie them by themselves. No sandals, no high heels or Crocs. The orange T-shirt for summer camp can be worn on Fridays during the school year.

Children should come to school in uniform, not in different clothes or pajamas for the teacher to change into.

No dresses, tutus, overalls, veiled stockings, or sweaters other than the school sweaters/hoodies are approved. Baseball caps, sunglasses, glittery headbands, a collection of bows and jewelry are not acceptable. We are not responsible for lost items.

\_\_\_\_\_ COT SHEETS: Cot sheets are sold at the school and are the only thing allowed for naptime. No large blankets, "blankies" or pillows are allowed. These will be sent home on Fridays and brought back on Mondays, washed. If a child fails to bring in the cot sheets on Monday, we may be required to give him/her a new set and the parent will be charged for it.

\_\_\_\_\_ TOYS: Toys from home are not allowed. Please refrain from entering the school with them. \_\_\_\_\_



\_\_\_\_\_ **NUT FREE ENVIRONMENT:** Please read nutrition labels carefully, that bars and snacks are not processed with nuts, as we have children that are highly allergic.

\_\_\_\_\_ **SNACKS:** We allow children to bring an extra snack for the afternoon. Please provide healthy snacks such as fruit, yogurt and/or fruit pouches, veggie chips, etc. do not send chocolate or candy, as sugary snacks are not allowed.

\_\_\_\_\_ **BACKPACKS, LUNCH BOXES and WATERBOTTLES:** Children should bring a small backpack (no wheels) big enough to fit everything and small enough that they can carry it. Lunch boxes for snacks are acceptable. If something needs to be cold or warm, please put it in a thermos.

\_\_\_\_\_ **MEDICATION:** We do not give any medication at the center unless it is an emergency (epi pen or similar) Please do not keep any medication in the backpacks as a curious child may open them and take them by accident.

\_\_\_\_\_ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week (Monday). A late payment fee will be assessed if payment is not received by Wednesday of the same week or after the 5<sup>th</sup> day of a monthly charge.

\_\_\_\_\_ **EXTRACURRICULAR ACTIVITIES:** I understand that extracurricular activities are optional and must be paid by month, If I need to cancel, I must give notice in advance, not to be charge the following month. (fees are not refundable)

\_\_\_\_\_ **LATE OR UNPAID TUITION:** If a payment is not received in full when due, I agree to pay a late fee of \$30.00 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state-specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_ **AGENCY REINMBURSEMENT:** In instance of agency reimbursement, the Registration fee is to be paid according to the applicable contract. I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

\_\_\_\_\_ **CHARGES AND PROCEDURES FOR LATE PICK-UP:** The school hours are Monday through



Friday from 7:00 am to 6:00pm, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be automatically charged a late fee of \$1.00 for every minute or portion of, per child, until the child is picked up. If parents fail to pick up the child within 30 minutes of closing time, The Department of Children and Families will be notified.

\_\_\_\_DISCOUNTS: I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition fee is offered to me and is applied to the child with the lowest tuition rate. The discount is only available to those accounts when full-time tuition is paid in advance. Discounts are not applicable on any fees or services, agency or co-pays, or special program promotions and cannot be combined with any other discount or promotion.

\_\_\_\_RETURNED CHECKS: I understand that a processing fee will be charged to my account for all checking account payments which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any checking account payment returned due to nonsufficient funds, will automatically be resubmitted electronically up to three times, I further understand that once a check is processed electronically, the check is no longer negotiable and will not be returned. If more than two checking account payments are returned within a six-month period. I may be required to pay by an alternate method of payment for the next six-month period. I am responsible for the principal amount plus all returned check fees.

## **SECTION 2: DAILY PROCEDURES**

\_\_\_\_ARRIVAL: All Children should arrive by 8:30 am. Later arrivals are very disruptive to the daily routines for each classroom. With a doctor's note, your child may enter until 10:30 am but not later. Otherwise, the child can come after 2:00pm

\_\_\_\_DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the Brighthwheel app. Third party (School Readiness or VPK) child must be sign in and out in physical form as well. Third party- School Readiness and VPK children must hand in a doctors' note whenever the child is out. Otherwise, the parent will be responsible for the ELC fee that was not paid because excuse was not presented.

\_\_\_\_ILLNESS: I understand that I will be notified should my child become ill during the day, and that I must pick up my child promptly, or make arrangement for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school, and I understand that my child will be re-admitted according to the Re- admission Criteria in the Paren Handbook. Children must stay home for 24 hours. Or until is no longer contagious before returning to school with a clearance note from the doctor. We kindly ask you NOT TO BRING IN A SICK CHILD, as they will spread the infection or virus.

\_\_\_\_ABSENCE/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that NO allowances, credits, refunds, or make-up days shall be made for occasional absence. A 50% off per week may be waived ONLY WITH A DOCTOR'S NOTE CONFIRMING A SICKNESS is contagious and /or that during that week school attendance is impossible. You have up to



two weeks per school year, with proper documentation for the 50% sick week discount. Without a doctor's note, the parent is obligated to pay the full tuition for the missed week. My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during the school year for a vacation, I will be required to pay the regular tuition for those weeks.

\_\_\_\_\_EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the company's intention to be open and provide childcare service every weekday of the year, excluding holidays, but inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that if the school is closed for an extended period of time, I will continue to be responsible for my tuition payments.

\_\_\_\_\_HOLIDAYS: I understand the school is closed on the following holidays: New Year's Day, Martin Luther King Day, President's Day, as well as Good Friday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and the day after Thanksgiving, and the week of Christmas. I agree I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_WITHDRAWAL FROM PROGRAM: I understand that I must provide, in advance, a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for all weeks whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Application at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand that all fees (tuition, Registration or Material/Activities) are not refundable.

### **SECTION 3: STATE LICENSING AND OUR POLICIES**

\_\_\_\_\_ALL POLICIES AND STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state childcare regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the childcare regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

\_\_\_\_\_INDIVIDUALIZED CARE PLANS: I understand that if my child should have an IEP (individualized Education Program) or IFSP (Individualized Family Service Plan), it should be shared with the director so the school can support my child's needs.

\_\_\_\_\_WAIVER OF JURY TRIAL: IF A DISPUTE ARISES OUT OF OR RELATES IN ANY WAY TO OUR SERVICES OR THIS AGREEMENT, WE ENCOURAGE YOU TO ATTEMPT TO RESOLVE SUCH MATTER IN GOOD FAITH DIRECTLY WITH MANAGEMENT. HOWEVER, IF THE DISPUTE CANNOT



BE RESOLVED AMICABLY, YOU AGREE TO IRREVOCALBY AND UNCONDITIONALLY WAIVE, TO THE FULLEST EXTEND PERMITTED BY APPLICABLE LAW , ANY RIGHT YOU MAY HAVE TO A TRIAL BY JURY IN ANY LEGAL ACTION, PROCEEDING, CAUSE OF ACTION OR COUNTERCLAIM ARISING OUT OF OR RELATING TO OUR SERVICES OR THIS AGREEMENT, INCLUDING ANY ECHIBITS, SCHEDULES, AND APPENDICES THAT ARE PART OF THIS AGREEMENT, OR THE TRANSACTIONS COMTEMPLATED HERBY. YOU ACKNOWLEDGE THAT YOU HAVE CONSIDER THE IMPLICATIONS OF THIS WAIVER AND MAKE THEIS WAIVER KNOWINGLY AND VOLUNTRILY.

\_\_\_\_NON-MODIFICATIONS: No terms of this agreement may be altered, revised, modified, or deleted by any person except in cases of policy changes or rate changes to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

\_\_\_\_Parent Handbook: I have received a copy of the Parent Handbook. I have read and understand it's contents and agree to be bound by the same.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Directors Signature: \_\_\_\_\_ Date: \_\_\_\_\_