



# The Wesley Chapel Montessori School at Lexington Oaks

5401 Post Oak Boulevard  
Wesley Chapel, FL 33544

## 2020 – 2021 Student Application For Registration

**PLEASE SUBMIT THE 2020-2021 STUDENT APPLICATION FOR REGISTRATION ALONG WITH \$300.00 NON-REFUNDABLE REGISTRATION FEE  
Please Print Legibly**

### STUDENT INFORMATION

Full Name:	Nickname:	Date of Enrollment:
Date of Birth:	Age:	Sex: Male Female <i>(Please circle one)</i>
Current Address:		
City:	State:	ZIP Code:
Resides With: <i>(Please circle one)</i> Both Mother Father Joint Custody* <i>(*Custody Arrangement Form must be on file)</i>		

### PARENT/GUARDIAN INFORMATION

Parent #1:		
Current Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	E-mail:
Current Employer:		Occupation:
Employer Address:	City/State/ZIP:	Work Phone:

### PARENT/GUARDIAN INFORMATION

Parent #2:		
Current Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	E-mail:
Current Employer:		Occupation:
Employer Address:	City/State/ZIP:	Work Phone:

### AUTHORIZED PERSONS FOR PICK UP / EMERGENCY CONTACT

The child will be released only to the custodial parent or legal guardian and the persons listed 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:

Authorized Person Name	Phone:	Relationship:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.

### EDUCATIONAL AND HOME INFORMATION

Has your child attended any day care or pre-school before?	If yes, for how long?
Does your child have special needs?	If yes, please explain.
Does your child have any unusual eating habits?	If yes, please explain.
Does your child nap regularly?	If yes, for how long at a time?
What is your ethnic background (optional)?	Do you celebrate any special holidays? If yes, please explain.
What is your child's primary/secondary language?	
Is there anything else we should know about your child?	

**PHOTO RELEASE AUTHORIZATION**

This release is required to be on file consenting for your child to be photographed while at school. Photos may be used in school displays, brochures, newspapers, school website, newsletters, and social networking site. **Please circle your choice of consent.**

DO CONSENT

DO NOT CONSENT

**AUTHORIZATION TO LEAVE GATED AREA FOR SPECIAL EVENT/PRESENTATION**

This release is required to be on file consenting for your child to be outside the gated area for reasons such as a visit from the fire department, other community helper, or St. Jude Trike-A-Thon. **Please circle your choice of consent.**

DO CONSENT

DO NOT CONSENT

**MEDICAL INFORMATION**

PHYSICIAN NAME:

ADDRESS:

PHONE:

DENTIST'S NAME:

ADDRESS:

PHONE:

HOSPITAL PREFERENCE:

ADDRESS:

PHONE:

LIST ANY ALLERGIES, SPECIAL MEDICAL OR DIETARY NEEDS, OR OTHER AREAS OF CONCERN:

If my child should become ill or injured at The Wesley Chapel Montessori School at Lexington Oaks, I understand the facility will: 1) contact me immediately, and 2) contact the person(s) designated by me if I cannot be reached.

Should the facility be unable to reach me or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are *authorized* to administer emergency medical treatment necessary to ensure the health and safety of my child.

*I will accept responsibly for all payments for medical services rendered.*

Signature Parent/Guardian:

Date:

**PLEASE INITIAL EACH STATEMENT BELOW**

- Sections 7.1 and 7.2 of the Child Care Facility Handbook, requires a current Physical Examination (Form 3040) and Immunization Record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility".
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility. I understand the discipline procedures at the school as stated in the Parent Handbook.
- I acknowledge that I have received and signed "The Flu Guide for Parents". I understand that "The Flu Guide for Parents" must be signed every August of the school year my child attends at The Wesley Chapel Montessori School at Lexington Oaks.
- I acknowledge that I have received and signed the "Distracted Adult: Getting In, Getting Out" flyer. I understand that the "Distracted Adult: Getting In, Getting Out" flyer must be signed every September and April of the school year my child attends at The Wesley Chapel Montessori School at Lexington Oaks.
- I have been provided a copy of The Wesley Chapel Montessori School at Lexington Oaks Parent Handbook and hereby agree to abide by it in full.
- I have been provided a copy of The Wesley Chapel Montessori School at Lexington Oaks Pandemic Handbook and hereby agree to abide by it in full.

**Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.**

Signature Parent/Guardian:

Date:

**PROGRAM DAYS AND PROGRAM SCHEDULE (PLEASE CHOOSE)**

- |  |        |   |
|--|--------|---|
| <input type="checkbox"/> Two Day (Tuesday/Thursday)          | Other: | <input type="checkbox"/> Half Day (7:15 a.m. -12:00 p.m.)     |
| <input type="checkbox"/> Three Day (Monday/Wednesday/Friday) | Other: | <input type="checkbox"/> Full Day (7:15 a.m. – 3:00p.m.)      |
| <input type="checkbox"/> Five Day (Monday through Friday)    |        | <input type="checkbox"/> Extended Day (7:15 a.m. - 6:00 p.m.) |

**PAYMENT PLAN (PLEASE CHOOSE)**

- Plan A One Full Annual Payment (4% discount)
- Plan B Two Semi-Annual Payments (2% discount)
- Plan C Ten Monthly Payments (August – June) due on the 1<sup>st</sup> of each month

**PARENT / SCHOOL AGREEMENT**

- I/We agree the named child is admitted for the full term and I/we hereby agree to pay tuition and fees for the full term (for the remainder of the term if enrollment is after the school year begins).
- I/We hereby elect to pay tuition and fees to **The Wesley Chapel Mon Montessori School at Lexington Oaks** tuition schedule for the academic school year: **2020-2021** based on the payment plan above.
- As stated in the Parent Handbook, I/ we understand that the **Registration Fee is NON-REFUNDABLE.**
- As stated in the Parent Handbook, I/we understand that if I/we choose to withdraw the child from the school for any reason, I/We will be responsible to give the school a **30-day notice** and the **Registration Fee is NON-REFUNDABLE under any circumstances.**
- I/We agree that the enrollment will be canceled within 7 days if tuition payment has not been met.
- I/We understand the tuition installment plan is due every month irrespective of how many days your child is absent due to sickness, family vacations, or official holidays/breaks observed by the school.

**I have read and agree to all items stipulated in the 2020-2021 Student Application for Registration, 2020-2021 Parent Handbook, and Pandemic Handbook.**

Signature Parent/Guardian:

Date: