



## Registration Packet for 2019-2020

### Child's Name

Please Circle the following Age or Grade level:

6 Weeks- 1 Year	1's	2's	3's	4's	Kindergarten	BASE Kindergarten	BASE Elementary
--------------------	-----	-----	-----	-----	--------------	----------------------	--------------------

#### Summer Schedule:

Please check the following that apply:

- Monday  
 Tuesday     Full-Time  
 Wednesday     Part-Time  
 Thursday  
 Friday

#### Before/After School Kindergarten

School Attending \_\_\_\_\_

Please check the following that apply:

- AM Kindergarten     PM Kindergarten  
 Before                       Before  
 After                          After  
 Both                          Both

#### Fall Schedule:

Please check the following that apply:

- Monday  
 Tuesday     Full-Time  
 Wednesday     Part-Time  
 Thursday  
 Friday

#### Before/After School Elementary

School Attending \_\_\_\_\_

Please check the following that apply:

- Before  
 After  
 Both

#### **\*\*\*Please Note :**

- Your child will be considered enrolled upon receipt of: **A Completed Registration Form, A Non-refundable Registration Fee and the Signed Parent Tuition Agreement Statement.**
- Kindergarten fees must be paid before your child starts school or a payment arrangement must be made.
- Even if your child now attends Beach Montessori, a new registration form must be completed each year to ensure that our emergency information is current.



## Child Information Form

### SPEECH

Describe your child's speech (Check all that apply):  
 Rapid  Slow  Moderate  Clear  Talks  
 Constantly  Seldom Talks  Uses Many Words  
 Uses Few Words  Talks Only During Play

### TOILETING

Does your child have any special toileting needs?  Yes  No  
 If so, please explain:

### SLEEPING

What time does your child go to bed? \_\_\_\_\_  
 Wakes up: \_\_\_\_\_  
 Does your child walk, talk, or cry out at  
 night? \_\_\_\_\_  
 Does your child take anything to bed with  
 them? \_\_\_\_\_  
 What is your child's mood when they wake  
 up? \_\_\_\_\_  
 Does your child take naps? \_\_\_\_\_  
 If so, what is their typical time of  
 nap: \_\_\_\_\_

### INTEREST

Has he/she had experience playing with other  
 children? \_\_\_\_\_  
 With what age group does he/she prefer to  
 play? \_\_\_\_\_  
 What are his/her favorite activities at  
 home? \_\_\_\_\_  
 Does he/she like to (Check all that apply):  Be read to  
 Read independently  Listen to music  Play outdoors  
 Has he/she had experience with (Check all that apply):  
 Clay  Scissors  Blocks  Puzzles  Painting

### COMMENTS

In what particular ways can we help your child this year?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Briefly describe your child (Personality, abilities, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

### HEALTH

What communicable diseases has the child had?  Measles  
 Mumps  Chicken Pox  Whooping Cough  
 Other (please specify): \_\_\_\_\_  
 Are any medications given regularly?  Yes  No  
 Please list medications & reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_

### CHILD'S FAMILY PROFILE

Mother's Occupation: \_\_\_\_\_  
 Fathers Occupation: \_\_\_\_\_  
 Other family members (Brothers, Sisters, Grandparents,  
 (etc) living at home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

### Office Use Only Identity Verification

*If proof of identity is required and  
 a copy is not kept, please fill out the following.*

Date of Notification of Local Law-Enforcement  
 Agency (when required proof of identity is not  
 provided): \_\_\_\_\_

Place of Birth	DOB	Birth Certificate Number	Date Issued
Other Form of Proof		Date Document Viewed	Person Viewing Document

**Date Child Entered Care:** \_\_\_\_\_

**Date Left Care:** \_\_\_\_\_



**PLEASE PRINT CLEARLY.**  
*Please completely fill in all highlighted areas.*

**2019-2020**  
**Child Registration Form**

<b>Child</b>	Nickname	Date of Birth	Sex
<b>Address</b>		<b>Home Phone</b>	
<b>Chronic Physical Problems/Pertinent Developmental Information as well as any Special Accommodations Needed</b>			
Previous Child Day Care Programs and/or Schools Attended:			
If child attends this Center and another School/Program, give name of that School/Program:			Grade:
<b>How did you find out about Beach Montessori School?</b> __Internet/Website    __Avertised Special Code    __Friend (Who _____)    __Other _____			

**Parent(s)/Guardian(s)**

<b>Father</b>	Place of Employment	Business Phone
Home Address	Cell Phone	Home Phone
<b>Mother</b>	Place of Employment	Business Phone
Home Address	Cell Phone	Home Phone
Person(s) or Agency Having Legal Custody of Child(if different from above)		
<b>Email Address:</b>		

**Emergency Information**

<b>Allergies of Intolerance to food, medication, etc. and Action to take in an Emergency</b>	
Child's Physician	Physician Phone

**Emergency Contact**

<b>Two People to Contact if Parent(s) Cannot be Reached</b>	Address	Phone
<b>1</b>		
<b>2</b>		
<b>Person(s) Authorized to Pick up Child</b>		
<b>Person(s) NOT Authorized to Pick up Child*</b>		

*\*Appropriate paperwork such as custody paper shall be attached if a parent is NOT allowed to pick up the child.*



## Field Trip, Activities Permission, and Other Agreements

- *I have received, read and understand the school handbook including the Health policies section. I agree to abide by all school policies for the protection of my child as well as the other children and staff members at Beach Montessori School.*
- I give my permission for my child to participate in neighborhood walks or field trips in an authorized vehicle. I understand that I will be informed of all field trips and that I may withdraw my permission for any field trip if I so desire. **No child will leave the premises without parental consent at the time of the field trip.**
- I grant my permission for my child to be included in school pictures and give permission for those pictures to be used by the center for advertising, yearbooks, scrapbooks, webpage's, etc.
- I grant my permission for my child to participate in the activities and in the use of the equipment at the center.
- I grant permission for my child to be transported to a safe location in an emergency situation.
- The parent(s)/guardian(s) authorize Beach Montessori School to obtain immediate medical care if an emergency occurs when the parent(s)/guardian(s) cannot be located immediately.\*\*
- I agree to abide by all school policies for the protection of my child as well as the other children and staff members at Beach Montessori School.
- Beach Montessori School agrees to notify parent(s)/guardian(s) whenever the child becomes ill and they will have to arrange to have the child picked up as soon as possible.
- The parent(s)/guardian(s) agree to inform Beach Montessori School within 24 hours (or the next business day) after any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
- I verify that all registration information is complete to the best of my knowledge.
- I give permission for BMCA to post my child's allergy and medical information.
- Food brought from home must be stored properly, with ice packs if applicable, in an insulated lunchbox, and dated daily. Lunch substitutions brought from home for the Preschool should only be for Medical or Religious reasons.
- Medications must be submitted to the office with a medication authorization forms completed by the parent and medical professional for long term administration
- *I agree to release and hold harmless Beach Montessori School and its employees, from any accident or harm that may occur should I retain the services of any Beach Montessori School employee for the care of my child(ren) outside of the facilities. If I retain the service of any Beach Montessori School employee in such capacity, Beach Montessori School has no responsibility and is held harmless from any incident which may occur.*

### Signatures

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

Administration \_\_\_\_\_

Date \_\_\_\_\_

*\*\*If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.*



## Beach Montessori Christian Academy Tuition 2019-2020

Summer Registration Fee (Annual) _____	\$40.00/child
Fall Registration Fee (Annual) _____	\$75.00/child
Summer and Fall Registration Fee Combined (Annual) _____	\$100.00/child
Summer Preschool Activity Fee _____	\$50.00/child
Summer Elementary Activity Fee _____	\$100.00/child
Summer Camp T-shirt Fee _____	\$10/child

<b>Daily Rates</b>	
*Daily Rate for school age children.	\$55.00
*Daily rate for Pre-K	\$60.00
* Daily rate for Infants/Toddlers	\$80.00

We accept NACCRA for Military Families please visit [www.naccrra.org](http://www.naccrra.org) to see if you qualify. Our Provider ID#37401

**Registration & Summer Activity Fees are due at the time of registration and are NON-REFUNDABLE**

\*Monthly payments are due on or before **the 1<sup>st</sup> of the month**. A \$50.00 late fee will be assessed after the 5<sup>th</sup> of the month.

\*Weekly payments are due on or before **Monday** of each week. A \$15.00 late fee will be assessed if payment is not received by 6:00pm Tuesday.

**Infant: Infant Ages 6 Weeks- 16 Mos**

**Infant Full Day Program: 6 Weeks- 16 Mos**

Monday-Friday:

<b>Weekly</b>	<b>Monthly</b>
\$260.00	\$1118.00

**Toddler: Toddler Ages 16 Mos. – 3 Yrs.**

*Tuition includes a.m. snack, lunch, and p.m. snack*

**Toddler Full Day Program: 16 Mos-2yr**

Monday-Friday:

<b>Weekly</b>	<b>Monthly</b>
\$225.00	\$968.00

Monday/Wednesday/Friday:

<b>Weekly</b>	<b>Monthly</b>
\$185.00	\$796.00

Tuesday/Thursday

<b>Weekly</b>	<b>Monthly</b>
\$165.00	\$710.00

**Preschool Full Day Program: 2yr-3yr**

Monday-Friday

<b>Weekly</b>	<b>Monthly</b>
\$210.00	\$903.00

Monday/Wednesday/Friday

<b>Weekly</b>	<b>Monthly</b>
\$170.00	\$731.00

Tuesday/Thursday

<b>Weekly</b>	<b>Monthly</b>
\$150.00	\$645.00

**Preschool: Ages 3 Yrs. – 5 Yrs.**

*Tuition includes a.m. snack, lunch, and p.m. snack*

**Preschool Full Day: 3yr-5yr**

Monday-Friday

<b>Weekly</b>	<b>Monthly</b>
\$195.00	\$839.00

Monday/Wednesday/Friday

<b>Weekly</b>	<b>Monthly</b>
\$155.00	\$667.00

Tuesday/Thursday

<b>Weekly</b>	<b>Monthly</b>
\$135.00	\$581.00

**Kindergarten**

Kindergarten Fees:

**Kindergarten Material Fee (Annual)** \$140.00

**Kindergarten Graduation Fee (If Applicable)** \$25.00

(Due on or before April 30<sup>th</sup>, 2020)

Monday- Friday (*School & Summer Camp Rate*)

<b>Weekly</b>	<b>Monthly</b>
\$180.00	\$774.00

**Public School Before & After Care**

Before & After School

<b>Weekly:</b>	<b>Monthly:</b>
\$120.00	\$516.00

Before School

<b>Weekly:</b>	<b>Monthly:</b>
\$90.00	\$387.00

After School

<b>Weekly:</b>	<b>Monthly:</b>
\$100.00	\$430.00

Before & After AM Kindergarten

<b>Weekly:</b>	<b>Monthly:</b>
\$150.00	\$645.00

Before AM Kindergarten

<b>Weekly:</b>	<b>Monthly:</b>
\$90.00	\$387.00

After AM Kindergarten

<b>Weekly:</b>	<b>Monthly:</b>
\$120.00	\$516.00

Before & After PM Kindergarten

<b>Weekly:</b>	<b>Monthly:</b>
\$150.00	\$645.00

Before PM Kindergarten

\$110.00	\$516.00
----------	----------

After PM Kindergarten

\$100.00	\$430.00
----------	----------



## Parent Tuition Agreement Statement 2018-2019 School Year

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

**For Office Use Only:**

Method of Payment: Check\_\_\_ Cash\_\_\_ CC\_\_\_ (Must be on reoccurring payment plan)

\*Note that your child's tuition payments may be changed throughout the year to reflect any schedule charges that have occurred.

	Amounts	Discounts	Total	Initials
___ 1 <sup>st</sup> of the month in the amount of	\$ _____	\$ _____	\$ _____	_____
___ Monday of each week in the amount	\$ _____	\$ _____	\$ _____	_____
___ Other	\$ _____	\$ _____	\$ _____	_____

___ Summer & Fall Registration Paid \$100	Date___	Cash___	Check#___	CC___
___ Summer Registration Paid \$40	Date___	Cash___	Check#___	CC___
___ Fall Registration Paid \$75	Date___	Cash___	Check#___	CC___
___ Pre-K Summer Activity Fees Paid \$50	Date___	Cash___	Check#___	CC___
___ Elementary Summer Activity Fees Paid \$100	Date___	Cash___	Check#___	CC___
___ K Material Fee Paid \$140	Date___	Cash___	Check#___	CC___
___ K Graduation Fee Paid \$25	Date___	Cash___	Check#___	CC___

**\*\*Because our expenses still accrue whether your child attends or not, we cannot give tuition refunds or credits for days your child is absent, inclement weather, or holidays the school is closed. Therefore, you will be responsible for the full tuition owed.**

\*\*\*Payment schedules may only be changed by completing a new Parent Tuition Agreement Statement

\*\*\*\*Withdrawal Policy – Two weeks notice is required so that we can make a smooth transition for the student leaving and the one entering in his/her place. Parents wishing to withdraw their children who fail to provide a two week notice will be liable for the additional two weeks tuition from date of withdraw.

**Vacations and Discounts:**

- Vacation time consists of ten school days or two weeks. Vacation must be taken at a minimum of 5 consecutive days or 1 week (not individual days). The child has to be absent from school the entire time to receive the vacation discount.
- Sibling discounts consist of a 10% discount off the tuition of the eldest child.
- Military discounts consist of a 10% discount for Active Duty or Retired Only. Copy of Military ID Required.
- Discounts only apply to full time students.
- Only one employer discount per family.

**Late Fees and Additional Charges:**

- A \$15 late fee will be assessed to weekly payments and \$50 for late monthly payments if payment has not been received by the close of the day following the due date. After two late payments all discounts will be discontinued and will result in a weekly tuition payment schedule. If an account becomes delinquent, the student will not be allowed to return to school until full payment is received.
- Re-enrollment based on availability.
- All resubmitted checks will be assessed a fee of \$15.00; all returned checks will be assessed a fee of \$35.00.
- There is a late fee of \$1 per child for every minute your child is in attendance after 6:35pm.
- A \$10 fee will be charged for any child at school over 10 hours in one day.

**Payment Default:**

- ***In case of tuition default I agree to pay all court costs and Attorney fees determined necessary for Collection plus interest on balance of ten percent (10%).***

### Tuition Agreement Signatures

Parent/Guardian Signature _____	Parent/Guardian Signature _____
Date _____	Date _____
Administration _____	Date _____