# Registration Packet for 2026-2027

## Child's Name

**Infant Ages: 6weeks-16mos**
Full-Time Monday-Friday

| Weekly: | Monthly: |
|---|---|
| $375.00 | $1,555.00 |

**Toddler Ages: 16mos-2**
Full Time Monday-Friday

| Weekly: | Monthly: |
|---|---|
| $330.00 | $1,386.00 |

**Preschool: 2-year-olds**
Full-Time Monday-Friday

| Weekly: | Monthly: |
|---|---|
| $274.00 | $1,145.00 |

**Preschool: 3- 5 years old**
Full Time Monday-Friday

| Weekly: | Monthly: |
|---|---|
| $256.00 | $1068.00 |

Older Sibling Discount 10%
Active-Duty Military 10%

**Registration Fee (Annual) _____August 21st, 2026_____$100.00/child**
**Summer Activity Fee _____June 19th, 2027_____$50.00/child**

**Registration fees are due before a spot will be reserved for your child.**
*Completed Registration Packet, signed Tuition Agreement, birth certificate, and immunization records must be received before the student's start date. *

- *Even if your child now attends Beach Montessori, a new registration form must be completed each year to ensure that your emergency information is current. Health records must be updated every 6 months for children under two years of age and annually for children two through five years.*

**The Summer Activity Fee is due June 19th, 2027.**

**Registration and the Summer Activity Fee are NON-REFUNDABLE & DUE ANNUALLY**

*Monthly payments are due on or before **the 1st of the month**. A $100.00 late fee will be assessed if payment is not received by 6:00 pm on the 5th of the month.
*Weekly payments are due on or before **Monday of** each week. A $50.00 late fee will be assessed if payment is not received by 6:00 pm on Tuesday.


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# 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 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: _____
Father's Occupation: _____
Other family members (Brothers, Sisters, Grandparents, etc.) living at home:

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____


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# Beach Montessori Christian Academy

**PLEASE PRINT CLEARLY.**

***Please fill in all information!!!!***

**Child Registration Form 2026-2027**

| Child's First & Last Name | Nickname | Date of Birth | Sex |
|---|---|---|---|
| Address (Include City, State & Zip Code) | | | |
| Chronic Physical Problems/Pertinent Developmental Information, as well as any Special Accommodations Needed | | | |
| Previous Child Day Care Programs and/or Schools Attended: | | | |
| If the child attends this Center and another School/Program, give the name of that School/Program: Grade: | | | |
| How did you find out about Beach Montessori School?<br>___Internet/Website ___Advertised Special Code ___Friend (Who_____) ___Other_____ | | | |

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

| Father's First & Last Name | Place of Employment | Business Phone # |
|---|---|---|
| Home Address (Include City, State & Zip Code) | Cell Phone # | |
| Mother First & Last Name | Place of Employment | Business Phone # |
| Home Address (Include City, State & Zip Code) | Cell Phone # | |
| Person(s) or Agency Having Legal Custody of Child (if different from above) | | |
| Email Address of Both Parents; if applicable | | |

**Emergency Information**

| Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency | |
|---|---|
| Child's Physician First & Last Name | Physician Phone # |

**Emergency Contact**

| Two People to Contact if Parent(s) Cannot be Reached | Address (Include City, State & Zip Code) | Phone # |
|---|---|---|
| 1 | | |
| 2 | | |
| Person(s) Authorized to Pick up Child | | |
| Person(s) **NOT** Authorized to Pick up Child* | | |

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



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# Beach Montessori Christian Academy

**Field Trip, Activities Permission, and Other Agreements**

- ***I have received, read, and understood 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 Christian Academy.***

- I grant my permission for my child to participate in neighborhood walks.
- 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, webpages, 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.
- The parent(s)/guardian(s) authorize Beach Montessori Christian Academy 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 Christian Academy.
- Beach Montessori Christian Academy agrees to notify the parent(s)/guardian(s) whenever the child becomes ill, and they will have to arrange to have the child picked up within the hour.
- The parent(s)/guardian(s) agree to inform Beach Montessori Christian Academy 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 permit 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, with first/last name, and dated daily. Lunch substitutions brought from home for the Preschool should only be for Medical, Religious, or family preferences.
- Medications must be submitted to the office with a medication authorization form completed by the parent and medical professional for long-term administration.
- *I agree to release and hold harmless Beach Montessori Christian Academy and its employees from any accident or harm that may occur should I retain the services of any BMCA employee for the care of my child(ren) outside of the facilities. If I retain the service of any BMCA employee in such capacity, Beach Montessori Christian Academy has no responsibility and is held harmless from any incident that 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.***


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## Beach Montessori Christian Academy Parent Tuition Agreement Statement 2025-2026

***For Office Use Only:***

| | *Amount* | *Discounts* | *Total* | *Initials* |
|---|---|---|---|---|
| ____1st of the month in the amount of | $_____ | $_____ | $_____ | _____ |
| ____Monday of each week in the amount of | $_____ | $_____ | $_____ | _____ |

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

****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 when the school is closed. Therefore, you will be responsible for the full tuition owed.**

*****Withdrawal Policy – Two weeks' notice is required so that we can make a smooth transition for the student leaving and the one entering 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 the date of withdrawal. A monthly notice is appreciated, if possible.**

**Vacations and Discounts:**

- Vacation time consists of one week per year (August 2026 to July 2027). Vacation must be taken on consecutive days (Monday through Friday). The child must be absent from school the entire time to receive the vacation discount.
- Sibling discounts consist of a 10% discount on the tuition of the eldest child.
- Military discounts consist of a 10% discount for Active Duty or Retired Only. Military ID is required & MUST be shown to Administration.

**Late Fees and Additional Charges:**

- A $50 late fee will be assessed for weekly payments and $100 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.
- All resubmitted checks will be assessed with a fee of $25.00; all returned checks will be assessed at an additional $35.00.
- There is a late fee of $20 per child for those not picked up by 6:01. There will be an additional $5 for every minute your child is in attendance after 6:01 pm.
- A $15 fee will be charged for any child at school for over 10 hours in one day.
- Once late fees are invoiced, all fees MUST be paid before any child can return to the center.

**Payment Default:**

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

**Tuition Agreement Signatures**

_____ _____ _____ _____

Parent/Guardian Signature Date Parent/Guardian Signature Date

_____ _____



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# Beach Montessori Christian Academy

**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 Child Left Care: _____**


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