

MONTESSORI *de Santa Cruz*

FREE PUBLIC CHARTER SCHOOL ~ TUBAC, AZ

A Parent's Guide to our Montessori School Application and Enrollment Process

Enrolling your child at Montessori de Santa Cruz Public Charter School (MdSC) is different than any other educational establishment. We value our community and want you to appreciate these differences, so you can make an informed choice. The enrollment process will give you an idea of the time and energy commitment you will need to make.

After you have gone through this enrollment process, you should have a good idea of the following:

- How we will support your child's education
- Parent's expectations of supporting your child's education
- What it means to be a Montessori parent
- Parent's participation for school activities

Step 1: Tour of MdSC – Parents/Guardians are welcome to call the school at (520) 398-0536 to schedule an appointment with our Director, Mary Gilbert, or email her at mdsc1@montessoridesantacruz.org.

Step 2: Questions & Answers - Montessori Education is different from traditional education in its philosophy, approach to learning and environment. Montessori curriculum inspires students to become independent learners who appreciate and understand their world.

We anticipate numerous questions and concerns and look forward to answering them all. You are welcome to look at our website at www.montessoridesantacruz.org or ask the office to arrange for our Montessori parent(s) to share their knowledge and experiences here at our school.

Please contact our office staff so we can schedule an appointment with our director or teachers who can answer any questions you may have.

Step 3: Registration Forms – All forms can be picked up at our school during your tour or feel free to download them from our website. **Preschool Enrollment** requires completion of all forms along with a **NON-REFUNDABLE registration fee**.

Along with your registration forms we require the following documents:

- * Birth Certificate (Children)
- * AZ Driver's License or ID (parents/guardians)
- * Current Immunization records (children)
- * Withdrawal form (if applicable)
- * AZ Dept. of Education - Residency Form – (any parent/guardian who maintains their own residence **complete this form ONLY**)
- * State of Arizona - Affidavit of Shared Residence - **Notarization is required.**
(any parent/guardian that **DOES NOT** maintain their own residence complete **BOTH FORMS**.)

During **Open Enrollment** for our **K-6 students (Feb 24 – April 30, 2017)** all completed registration packets **do not** guarantee a **spot** in the classroom. However, it **does** guarantee for the child(ren) to be placed in the open enrollment lottery list. You will be notified by May 5th if your child(ren) has been accepted for the up-coming school year.

Step 5: Classroom visitation (1st – 6th grade only): New students/parents are encouraged to attend half-a-day to experience our Montessori classroom instruction and to ensure the students happiness. Please notify the administration office if you're interested.

Step 6: Please Complete and submit all forms in the enrollment packet. If your child(ren) is/are ready to attend our Montessori School, the **Material Supply Fee** must be paid prior to the first day of attendance.

All of us at **Montessori de Santa Cruz**, welcome you and your family to our Montessori school in Tubac, AZ. We look forward to working with your child(ren).

Thank You,



Mary Gilbert
Director

18 Calle Baca – P.O. Box 4706
Tubac, Arizona 85646
Email: mdsc1@montessoridesantacruz.org

Phone: (520) 398-0536 Fax: (520) 398-0776
School Website: www.montessoridesantacruz.org

MONTESSORI *de Santa Cruz*

FREE PUBLIC CHARTER SCHOOL ~ TUBAC, AZ

Enrollment Application Form (PreK – 6)

For Office Use Only:

- Copy of Birth Certificate
- Copy of immunizations

Enrollment Date: _____

MdSC Initials: _____

Demographic Information

Student Name: _____ Date of Birth: _____ Gender: M F

Grade (circle): Pre-K K 1 2 3 4 5 6 Home Phone: () _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
(if different from above)

Ethnicity: Check **YES** or **NO**:

Hispanic/Latino Yes No

Race: Select **one** or **more** that identifies the student:

- White Asian Black or African American
- American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Parent / Guardian Information

Father's Name _____ Home Phone () _____ Cell () _____

Employer: _____ Work Phone () _____

Mother's Name _____ Home Phone () _____ Cell () _____

Employer: _____ Work Phone () _____

Father's Email address: _____ Mother's Email address: _____

Guardian(s) Name _____ Phone () _____ Cell () _____

Family Information:

Student lives with: Both Parents Mother Father Other _____
(If applicable:) Sole Custody Joint Custody Legal documentation on file

Previous School Information:

School last attended: _____ Grade _____

Retained or Promoted

School Address _____ City _____ State _____ Zip _____

Phone # () _____ Fax # () _____

Do you have any other children attending **Montessori de Santa Cruz Charter School**? Yes No If so,

Name(s) & Grade(s): _____

Has your child ever received any early intervention **preschool Special Services**? Yes No

If your child has **ever** received **special services**, please indicate which services:

- Special Education Speech/Language Gifted IEP 504 Plan ELL Other

The following person(s) **MAY NOT** remove my child(ren) from campus: **(Parent will be notified immediately)**

Name _____

Other than, the four individual(s) noted on the Blue Emergency Card, the following individual(s) **MAY** remove my child(ren) from Montessori de Santa Cruz School campus:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Medical Information: (Please indicate)

Wear glasses Yes No

Hearing aid Yes No

Diabetes Yes No

Chicken Pox Yes No

Asthma Yes No (Action plan needed by Physician)

Personal Beliefs Exemption Yes No (K-6)

Medical Exemption Yes No (PreK – 6)

Religious Beliefs Exemption Yes No (PreK)

In case of **injury** parents will be contacted first and if necessary, student will be transported to the hospital of choice:

Hospital Name _____ Address _____

Phone () _____

Any other medical condition will be noted in the **Blue Emergency form**.

If there is any other information we need to be aware of please indicate: _____

This **Enrollment Application Form** is accurate and complete, front and back, and provided by:

Parent / Guardian **PRINTED** name

Parent / Guardian **SIGNATURE**

Date

Montessori de Santa Cruz ensures equitable access for students and does not discriminate on the basis of gender, race, national origin, color, disability or age.

2017-2018 General Permission Slip (Pre-k to 6)

Student(s) Name: _____ Grade level: _____

Please read carefully and consent to whatever categories deem appropriate.

By checking (✓) the following, you **give** permission to MDSC Staff or agent(s) to engage in the following:

____ photographs ____ videos ____ websites ____ brochures ____ newsletters
____ advertisements ____ created work ____ displays

OTHER ACTIVITIES SUCH AS: ____ watching TV/Videos ____ walking ____ field trips
____ celebrations

I _____ (parent/guardian) permit that my child named above, may participate in all school activities, unless Montessori de Santa Cruz Charter School or Preschool receives written notice to the contrary.

Any off-campus activities such as walking are only permitted within 1 mile or less from the school for **Lower-El and Upper-El**. For all other **off campus activities**, permission slips will be sent home.

Primary provides permission slips in advance notice for any school / sponsored off campus activities.

Acknowledgement of Procedure for Admission & Enrollment Process

I, _____, understand that there are a limited number of spaces available in Montessori de Santa Cruz Charter School (K-6). The completion of enrollment process does not guarantee placement in the school and the student may be chosen by a lottery.

Returning students were provided with a **YELLOW** pre-enrollment form to be due back before February 24, 2017 or your child will be placed in the lottery for the new school year.

Parent/Guardian's Signature: _____ Date: _____

NOTE: All of the above permissions as deemed appropriate by the school in accordance with the approved curriculum and adult supervision.



State of Arizona
 Department of Education
 Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
 Home Language Survey**
 (Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** _____
2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** _____
3. **¿Cuál fue el primer idioma que aprendió el estudiante?** _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
------------------------------	--------------	----------------------------------

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company: _____

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------

MONTESSORI DE SANTA CRUZ (MDSC) PRESCHOOL
P.O. Box 4706 18 Calle Baca Tubac, Arizona 85646

2017 - 2018 Private Preschool Tuition Contract

Student Name: _____ **DOB:** _____

In consideration of the acceptance of this enrollment by **Montessori de Santa Cruz (MdSC) Preschool**, the undersigned agrees to pay tuition charges and fees for the above-named student for the 2017-2018 academic year.

EARLY BIRD SPECIAL: New students registering on or before **April 15, 2017** will receive 2016-2017 tuition prices.

The undersigned agrees to pay prior to the first day of attendance - August 14, 2016:

- \$50 Registration Fee (non-refundable) due upon registration (**new students only**).
- \$100 Tuition Deposit (applied to the last month of the academic year - May 2018).
- \$80 Materials Supply Fee

The total monthly tuition for the above-named student shall be \$_____ payable **before the 15th** day of each month, beginning on or before the first day of classes and continuing monthly until May 14th of the academic year (10 months/payments). The student's tuition balance for the academic year may be paid in full by August 11th (or upon student's enrollment) to receive a 5% tuition discount, for a total of \$_____.

In the event of withdrawal, with adequate written notice from the parents/guardians, the tuition deposit will be applied to the last month of attendance. The written notice must be at least two weeks prior to the 15th day of the month, specifying the effective date of withdrawal. Otherwise, further tuition and late charges will accrue.

I agree that in the event of default in the payment of any installment provided for in this contract, the undersigned will be charged a late fee of \$25.00 after the 1st of each month thereafter and the student may not, at the sole discretion of Montessori de Santa Cruz Private Preschool, be allowed to continue classes. The undersigned will be responsible for all attorney fees/reasonable cost of collection for any outstanding amounts due under this contract.

Furthermore, I understand that by signing this contract, I accept the educational program and any modification deemed beneficial by the school, as well as the rules and regulations stated in the **Montessori de Santa Cruz Family Handbook**.

Signature of Parent/Guardian:

Date

Montessori de Santa Cruz Preschool ensures equitable access for students and does not discriminate on the basis of gender, race, national origin, color, disability, or age.



Tuition Fee Form
2017-2018

Register my child, _____, as a student at Montessori de Santa Cruz (MdSC) Preschool for the following program:

- 5 Full Days @ \$600/month (M-F, 8:30 a.m. - 3:00 p.m.) or \$5700, paid by Aug. 15 (5% discount)
5 Half Days @ \$510/month (M-F, 8:30 a.m. - 12:30 p.m.) or \$4845, paid by Aug. 15 (5% discount)
3 Full Days @ \$450/month (T-W-Th, 8:30 a.m. - 3:00 p.m.) or \$4275, paid by Aug. 15 (5% discount)
3 Half Days @ \$385/month (T-W-Th, 8:30 - 12:30 p.m.) or \$3658, paid by Aug. 15 (5% discount)

We understand that our child's enrollment is not complete until Montessori de Santa Cruz (MdSC) has received the following:

- Enrollment Application Form
\$50 Registration Fee (non-refundable)
\$80 Materials Supply Fee
Tuition Contract
\$100 Tuition Deposit (applied to the last month of the academic year (May 2018))

Preschool tuition is based on 10 monthly payments (August - May), due on the 15th of every month.

Parent/Guardian Signature Date

Montessori de Santa Cruz (MdSC) Preschool ensures equal access for students and does not discriminate on the basis of gender, race, national origin, color, disability or age.

For office use ONLY:
Date Received:
Received By:
Registration Fee:
Material Fee:
Tuition Deposit:



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease or rental agreement
- ___ Water, electric, gas, cable, or phone bill
- ___ Bank or credit card statement
- ___ W-2 wage statement
- ___ Payroll stub
- ___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

- ___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes.



**State of Arizona
Affidavit of Shared Residence**

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

Location of my residence:

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this ____ day of _____, 20____,

By _____

Notary Public

My Commission Expires:



Extended Day Program and Costs

Child's Name: _____ Grade: _____

The cost for **Early Morning Care** is **\$5.00** per child per day and must be paid at time of reserving care. The hours are from 7:30 a.m. until 8:15 a.m., Monday through Friday when school is in session. Parents must give at least 24 hours advance notice for children needing early care. **Drop – Ins are not permitted.** All children must be signed in by the parent/guardian with the MdSC Staff.

The **After-School Program** is available Monday through Friday on full school days until 5:00 p.m., unless you are otherwise notified. The fee schedule is below:

Pick Up Time	Pre-Pay - Class	Pre-Pay - Free Play	Drop-In – Free Play
Between 3:15 and 4:15 PM	\$5.00/child	\$5.00/child	\$10.00/child
Between 4:15 and 5:00 PM	\$10.00/child	\$10.00/child	\$15.00/child

Except in the case of a planned activity, parents/guardians who have not picked up their child(ren) by 3:15 p.m. or pre-paid for care will be charged for care at the Drop-In rate.

Parents/guardians who have paid for care until 4:15 p.m. but have not picked up their child(ren) by 4:20 p.m. will be charged an additional \$10.00 for drop-in aftercare.

Parents/guardians who have not picked up their child(ren) by 5:00 p.m. will be contacted by phone and charged a late fee of \$5.00 for every 5 minutes past 5:00 p.m., payable directly to the caregiver. If a child is picked up after 5:00 PM three times, Montessori de Santa Cruz reserves the right to refuse further after school care.

All children must be **signed out** by the parent/guardian using legible signature.

Please send your child with a snack if he or she will be participating in the after-school program.

* * * * *

On **Early Release Days**, after school care is **not** available. Please plan to pick up your child promptly at **11:30 a.m.** If your child is **not** picked up promptly, a late fee of \$5.00 will be charged and \$5.00 thereafter, for every 15 minutes.

Parent Initials _____ Date _____

After School Classes

There will be a sign-up deadline and a participation cap on all **after school classes**. Participation caps may vary depending on the age of students participating, the complexity of the task involved, and number of adult volunteers. A brochure with information about new classes will be sent out a minimum of one week before the sign-up deadline. Students signing up after the deadline will not be eligible to participate in the first class (to give the teacher time to prepare for the additional student), but will still be responsible for the entire class fee. It is encouraged to sign up for classes early, as they can fill up quickly. Once a class is full, **NO additional students** will be signed up. **“Drop-in”** students will not participate in the after-school class, but will be placed in **“free play”** aftercare.

Please note that some classes may have age restrictions. Please refer to the information on each session brochure. However, **“Free play”** is always available to all students.

Class readiness: A school day can be long and sometimes, after school, a child does not have the mental energy to focus on a task. If your child needs a break or is showing a lack of interest in the class, the teacher may at his or her discretion send him or her to “free play” aftercare.

By signing below, I acknowledge that I have read the above information. If my child uses the **Extended Day Program**, I agree to pay the all fees and a one percent (1%) monthly finance charge that will be billed for fees delinquent after thirty (30) days.

Parent/Guardian signature

Date