

## Application & Registration Package

I hereby request a classroom space be reserved for my child beginning \_\_\_\_\_.  
Start Date

### **Student Information:**

Name \_\_\_\_\_ Male  Female

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Years \_\_\_\_ Months \_\_\_\_\_  
Home Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Language(s) spoken at home:  English  Other \_\_\_\_\_

Special Needs:  None  Other \_\_\_\_\_

Siblings: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_  
Name \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_  
Name \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_  
Name \_\_\_\_\_

### **Contact Information:**

Name (first contact) \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different than student) \_\_\_\_\_  
Street \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Cell ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Home ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Name (second contact) \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different than student) \_\_\_\_\_  
Street \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Cell ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Home ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_

*Space Coast Montessori admits students of any race, color, and national or ethnic origin.*



**Release Authorization:**

- ◆ It is the policy of Space Coast Montessori to NOT release a student to anyone other than the parents/guardians, or those persons authorized at the time of registration.
- ◆ This form must be filled out indicating those persons, other than yourself, who are authorized to take your child out of our facility. Be sure to include the people listed in the Emergency Contact section of this registration form.
- ◆ **A STUDENT WILL NOT BE RELEASED TO ANYONE THAT IS NOT LISTED BELOW** unless prior notice is received IN WRITING from the parent/guardian of any changes to this authorization.
- ◆ If a student must be picked up early from school by an authorized person, we require parental/guardian notification **ahead** of time. Please call the school’s office **and** send a note to the teacher in order to arrange an early dismissal.
- ◆ This policy is for the protection of your child, the parent/guardian, and Space Coast Montessori.
- ◆ **Please notify each person on this list that a photo ID will be REQUIRED at the time of pickup for the child listed below.**

I, \_\_\_\_\_, have read and fully understand Space Coast  
*Printed Name of Parent/Guardian*  
 Montessori’s Release Authorization policy. I am authorizing the persons listed below to pick up my child,  
 \_\_\_\_\_, from Space Coast Montessori.  
*Printed Name of Student*

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

\_\_\_\_\_  
Date

1.	Authorized Person _____ <i>Name</i>		_____ <i>Relationship</i>
	Work ( _____ ) _____ - _____	Cell ( _____ ) _____ - _____	Home ( _____ ) _____ - _____

  

2.	Authorized Person _____ <i>Name</i>		_____ <i>Relationship</i>
	Work ( _____ ) _____ - _____	Cell ( _____ ) _____ - _____	Home ( _____ ) _____ - _____

  

3.	Authorized Person _____ <i>Name</i>		_____ <i>Relationship</i>
	Work ( _____ ) _____ - _____	Cell ( _____ ) _____ - _____	Home ( _____ ) _____ - _____

  

4.	Authorized Person _____ <i>Name</i>		_____ <i>Relationship</i>
	Work ( _____ ) _____ - _____	Cell ( _____ ) _____ - _____	Home ( _____ ) _____ - _____

  

5.	Authorized Person _____ <i>Name</i>		_____ <i>Relationship</i>
	Work ( _____ ) _____ - _____	Cell ( _____ ) _____ - _____	Home ( _____ ) _____ - _____

**School History:**

Previous School Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Code*

Dates Attended      /      to      /      Reason for Leaving \_\_\_\_\_  
*Month Year Month Year*

Previous School Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip Code*

Dates Attended      /      to      /      Reason for Leaving \_\_\_\_\_  
*Month Year Month Year*

Please describe your child's school experience(s). \_\_\_\_\_

What can we do to help your child adjust to our school? \_\_\_\_\_

Has your child been removed from a facility due to a behavior issue?  No  Yes *If yes, please explain.*

Please tell us how you found out about Space Coast Montessori. \_\_\_\_\_

**Media Policy:**

I, \_\_\_\_\_, agree that my child, \_\_\_\_\_,  
*Printed Name of Parent/Guardian Printed Name of Student*

May be videotaped, filed or photographed individually or in a group in school or at school related activities.

I further agree to the use of the video, photo, or film in newspaper, magazine or on TV. I understand this agreement is valid from the first day of enrollment until my child named above no longer attends Space Coast Montessori unless parental permission is further granted for advertisement use after disenrollment.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**Discipline Statement:**

Space Coast Montessori is a value driven institution, teaching children appropriate interpersonal behavior, which is supportive of and conducive to learning. In the classroom, and on the playground, teachers and assistants encourage children to respect and protect the rights and feelings of others, to honor school policies, and to establish the habit of self-discipline. Children are given rules to follow that ensure safety, well being, respect for themselves and others, and classroom management.

When discipline incidents occur, the instructors will help the child review the situation, come up with better solutions and through creative writing and role playing, promote safety, security, and respect. If a problem persists, a teacher will meet with the child’s parent so that together they can help the child attain appropriate behavior.

Unacceptable behavior is defined as:

- ♦ Hurting another child or adult, either physically or emotionally.
- ♦ Inappropriate physical contact (*ie. pushing, biting, hitting, tripping, kicking, pinching, etc.*)
- ♦ Abusive language (*ie. violent talk, “bathroom” talk, degrading talk*)
- ♦ Use of any potentially harmful objects.
- ♦ Disturbing the work of another.
- ♦ Harming the environment. (*NOTE: Parents are responsible for the replacement or repair of property or equipment that is willfully damaged.*)

Space Coast Montessori reserves the right to exclude any student/parent from school, temporarily or permanently, who is deemed (at the sole and exclusive discretion of the Director) to be interfering with the health, safety, or educational development of himself/herself or of any other student(s) in the school.

**Discipline Policy:** (Effective as of April 30, 2003)

The staff and administration will follow the guidelines listed below to ensure fairness to all of our students regarding disciplinary issues.

1. Verbal Warning
2. Time Out
3. Parents notified in writing
4. Conference with teacher and administrator
5. Suspension
6. Dismissal from facility

**Child Care Facility:**

A copy of DCF's **Child Care Facility Handbook** is available in the school's office for your reference.

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require 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" (CF/PI 175-24).
- 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.

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.