



A BRIGHT HORIZONS MONTESSORI SCHOOL

For Office Use Only: Classroom Assignment _____ Start Date _____

Student (Directory Information)

Name _____

Birth Date _____ First _____ Middle _____ Last _____ Preferred _____
 Age _____ Male Female

*Ethnicity (optional): Asian African American Caucasian Hispanic

Family (Directory Information)

<input type="checkbox"/> Mother's Name _____	<input type="checkbox"/> Father's Name _____
<input type="checkbox"/> Home Address _____	<input type="checkbox"/> Home Address _____
City/State/Zip _____	City/State/Zip _____
<input type="checkbox"/> E-Mail _____	<input type="checkbox"/> E-Mail _____
<input type="checkbox"/> Home Phone _____	<input type="checkbox"/> Home Phone _____
<input type="checkbox"/> Work Phone _____	<input type="checkbox"/> Work Phone _____
<input type="checkbox"/> Cell Phone _____	<input type="checkbox"/> Cell Phone _____

The Student and Family Directory Information provided above will be included in the Bridges Montessori Directory, which is distributed to the families enrolled in the Bridges community. Please indicate with an **X** any information you **DO NOT** want included in the directory.

Family (Additional Information)

Mother's Occupation _____	Father's Occupation _____
Job Title _____	Job Title _____
Name of Firm _____	Name of Firm _____

Please designate a primary mailing address for correspondence regarding this student

Mother Father Other _____

Are parents separated? Yes No If yes, who has legal custody? _____
 If yes, with whom does the student live? _____

Applicant Siblings:

Name _____	Age _____	School Attending _____
Name _____	Age _____	School Attending _____

Names of persons authorized to pick up child

Name _____	Address _____
Phone _____	Relationship _____
Name _____	Address _____
Phone _____	Relationship _____

No child will be released from school to anyone else's care except with parent's written permission.

Medical Alert

Nature of Condition _____
 Course of Emergency Action _____
 Special Instruction _____
 Physician's Name _____ Phone _____
 Allergies _____

Classroom Placement: (half day options available for toddlers and 3 year olds)

Infant:	<input type="checkbox"/> Full Day	<input type="checkbox"/> Extended Day
Toddler:	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Extended Day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM
Pre-Primary:	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	Extended Day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM
Elementary:	<input type="checkbox"/> Full Day	Extended Day <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM

Tuition Payment Plans:

Payment in Full 10 Month Plan 12 Month Plan

11/12 Infant * Toddler * Pre-Primary * Elementary * Registration and Enrollment Agreement

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Learning Style Information

Does your child have any physical, learning or developmental challenges? _____
If yes, please describe _____

(Please detail relevant information in confidence in a separate letter and attach to this form)

Has your child received professional counseling for educational, personal or emotional purposes? _____
If yes, when and by whom? _____

(Please attach any applicable reports)

Enrollment Terms

I (We), the undersigned, in consideration of the placement of my child by Bridges Montessori for the 2009-2010 school year, jointly and individually, agree to the terms and conditions specified in this agreement, including the payment of applicable tuition and fees.

I (We) understand Bridges Montessori will hold a place for my child in the appropriate program, as determined by the Head of School, pending the receipt of this agreement signed by me (us) along with a 10% deposit of the annual tuition and a one time enrollment fee of \$500(\$1000 for the Infant Program). The enrollment fee of \$500 (\$1000 for the Infant Program) is only applicable if the student is a new enrollee to the school. I (We) understand this deposit and enrollment fee are **non-refundable** and not transferable to siblings, camp tuition or other financial obligations to Bridges Montessori.

If I (we) withdraw our child from the program, in writing, on or before April 1st, I (we) will forego the non-refundable registration fee but will not be responsible for tuition for the balance of the school year.

I (We) understand that tuition payments are due on the 1st of the month. A 5% late charge will be assessed on all outstanding balances as of the 5th of the month, a 10% late charge on all outstanding balances as of the 10th of the month and a 15% late charge on all outstanding balances as of the 15th of the month. A service fee of \$50 will be assessed on all checks returned for insufficient funds.

Parental participation is a requirement at Bridges Montessori. Research has shown a correlation between a parent's participation at school and a child's enhanced academic performance. Each family is expected to participate a minimum of 15 hours per school year. Families who do not comply with this requirement will be assessed a \$300 non-participation fee.

I (We) agree to supply a nutritionally balanced lunch and beverage for my/our child each day and a snack consistent with our child's classroom snack schedule.

I (We) understand that Bridges Montessori, its parent, and affiliates have annual financial obligations, and that by signing below I (we) agree to be obligated for tuition for the full school year. If my (our) child withdraws from the program for any reason or is dismissed from the program for cause, I (we) shall continue to be responsible for tuition for the full school year.

The period of enrollment shall be for the entire school year or, in the case of a student entering after the school year has begun, from the date of admission to the last day of the school year.

No student shall be permitted to attend Bridges Montessori if his or her financial responsibilities are not fully satisfied and current.

Bridges Montessori reserves the right, at any time, to suspend, require the withdrawal or dismiss a student if it determines, in its sole discretion that continued attendance is not in the best interest of the student, any fellow students, or the school.

If Bridges Montessori initiates collection efforts to enforce the terms and/or provisions of this agreement or amounts due pursuant hereto, Bridges Montessori shall be entitled to all reasonable costs and attorney's fees associated therewith.

Directory Release

The Student and Family Directory Information provided will be included in the Bridges Montessori Directory, which is distributed to the families enrolled in the Bridges community. Please indicate with an **X** any information you **DO NOT** want included in the directory. Ethnicities will NOT be printed in the directory.

By signing below, I (we) hereby give authorization for Bridges Montessori, its parent and affiliates to:

- a) use the information provided in the Bridges Montessori Directory; and
- b) use any photos taken of my child at school or at school functions for promotional purposes.

Medical Treatment Authorization

By signing below, I (We) hereby grant authorization to Bridges Montessori, or any agent acting on its behalf, to take those steps reasonable necessary for the care, custody, and medical treatment of my child if I (we) cannot be reached by telephone.

This agreement shall be signed by all parents, legal guardians or persons financially responsible for the student. Students are not enrolled and this agreement is not binding until signed and accepted by Bridges Montessori.

I (We) have read the above terms and conditions and fully understand and agree to abide therewith.

This agreement shall be interpreted according to the laws of the State of Florida.

ACCEPTED:

_____	_____
Bridges Montessori	Date
Head of School	

ACCEPTED:

_____	_____
Legal Guardian or Person	Date
financially responsible	
for the student	

_____	_____
Legal Guardian or Person	Date
financially responsible	
for the student	

Bridges Montessori does not discriminate on the basis of race, color, gender, orientation or national or ethnic origin in its admissions policy or educational programs.
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