

MONTESSORI SCHOOL OF NORTH MIAMI

695 N.E.123 RD. STREET, NORTH MIAMI, FL 33161

PHONE 305-893-5994

ENROLLMENT APPLICATION

Student's name _____ Sex ____ Birthday _____

Address _____

City _____ State _____ Zip _____

Mother's name _____ Father's name _____

Telephone (home) _____ Telephone (home) _____

Telephone (work) _____ Telephone (work) _____

E-Mail: _____ E-Mail: _____

Pager _____ Pager _____

Cellular _____ Cellular _____

Emergency contact persons (must present ID when picking up)

Pediatrician name _____

Address _____ Phone _____

General health of child _____ Allergies _____ Fears _____

Special circumstances and physical limitations the staff should be aware of: _____

Previous School _____ Grade completed _____

Religion (Please Check): Catholic ____ Protestant ____ Jewish ____ ther _____

Signature _____ Date _____

Complete the application form and return to us with registration and materials fees.

PAYMENT OPTIONS

Please indicate preference of payment.

_____ Payment of half the tuition upon registration, and the other half by January 3, 2003.
_____ 10 monthly payments, starting on August 1, 2001.

DELINQUENT PAYMENTS

Tuition is past due if not paid by the 3rd of each month. A past due fee of \$20.00 will be assessed on accounts not paid by the due date.

AFTER SCHOOL FEE

Monthly fee \$ 120.00 (from 3:00 p.m. to 5:30 p.m.)

AGREEMENT

I agree to abide by the rules, regulations, and policies as set forth by the Montessori School of North Miami. I am aware and agree to pay the tuition and fees at the schedule times, and to fully support all fund raising activities that are sponsored by the school. Tuition is non-refundable. There is \$20.00 surcharge on any returned checks. Please make checks payable to our corporation name: **Miami Shores Children Ctr./ Montessori School**

I agree to pay my tuition above and I will keep my account current. Should I fall 2 months behind in my payments I will be asked to withdraw my child from the Montessori School of North Miami.

Name of child: _____ Full Day ____ Half Day ____ After School ____

Name of parent: _____ (please print)

Signature of parent: _____ Date _____

SCHOOL DIRECTORY

I approve the publication of my home address: _____
Signature

I approve the publication of my phone number
and e-mail address: _____
Signature

Please check if you do not wish to be included in the school directory: