



Enrollment Application

Student Name: _____

School Year ___ August 2023- July 2024

Infant Program (8 weeks-18 months)

___ **Infant 5 Day Program** (M-F 7:45-2:30)

Toddler Program (18 months- 2 years & 11 months)

___ **Toddler 5 Day Program** (M-F 7:45-2:30)

___ **Toddler 5 Day Program with Aftercare** (M-F 7:45-5:30)

Early Childhood Program (3 years -6 years)

*Children must be toilet trained upon entry into this program

___ **Early Childhood 5 Day Program** (M-F 7:45-2:30)

___ **Early Childhood 5 Day Program with Aftercare** (M-F 7:45-5:30)

DESIRED START DATE: _____

Referred by: _____

For Office Use Only

Received Date: _____ 121 Form Received _____

Fees paid: Application Ck# _____ Date _____ Enrollment Ck# _____ Date _____

Application:

Name: _____ Name Called: _____

DOB ___/___/___ Age ___ or EDD (Estimated Date of Delivery) ___/___/___

Street address _____ City _____ State _____ Zip code _____

Parent(s) or Guardian(s) with whom child lives:

Parent/Guardian

Parent/ Guardian

First Name _____ Last Name _____

First Name _____ Last Name _____

Cell # _____ Work# _____

Cell # _____ Work # _____

Employment _____ Occupation _____

Employment _____ Occupation _____

Email Address - Required

Email Address – Required

Previous schools/preschools applicant attended: _____

Names & ages of siblings: _____

If Divorced or Separated

Parent name

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____ Ext _____

Authorized to pick up child? ___ Yes ___ No (*If no, must provide legal documentation*)

Emergency & Authorized Pick-Up Persons

#1 Name _____ Relationship to Child _____

Home phone _____ Cell phone _____ Work phone _____ Ext _____

#2 Name _____ Relationship to Child _____

Home phone _____ Cell phone _____ Work phone _____ Ext _____

#3 Name _____ Relationship to Child _____

Home phone _____ Cell phone _____ Work phone _____ Ext _____

Applicant's Medical Information

Pediatrician Name _____ Pediatric Group _____

Street Address _____ Phone _____

Allergies (bee stings, food, environmental, etc.): _____

Special Needs/Medications: _____

I authorize Emergency Medical Care _____

Signature Required _____ Date _____

Photo Release Permission

Photographs of children are used for marketing the school and highlighting the high quality of students at Tupelo Montessori School. Students are never identified in photos for print or on the website. Uses may include, but are not limited to, Tupelo Montessori School brochures, advertisements, local news media, video, Facebook page, and our school website.

___ **YES, I give permission** for Tupelo Montessori School to use my child's photograph (or my family's photo) if photographed at a Tupelo Montessori School social event or in the classroom.

___ **NO, Do not use** my child's or family's photograph.

Signature Required _____ Date _____

Parent Partner Agreement

In choosing Tupelo Montessori School, our school and your family have formed a partnership with the purpose of providing the opportunities and environment for the successful development of your child, our student. As educators, our staff acknowledges that parents are the first and foremost educators of their children. Parents, together with teachers, are responsible for ensuring that effective learning takes place. Each of us has responsibilities with this partnership.

Our school is responsible for:

- Presenting to you and adhering to our school's philosophy and program.
- Encouraging open dialogue between teachers and parents for clarification of Montessori philosophy and program issues throughout the school year.
- Providing your child a diverse set of Montessori materials, activities, and experiences designed to foster physical, intellectual, creative, and social independence in accordance with the standards set by the American Montessori Society.
- Employing teachers educated in the Montessori philosophy and methodology.
- Providing a classroom atmosphere that encourages positive social interaction, fostering cooperative learning, and emotional development.

The child's family is responsible for:

- Providing a home environment that supports the development of positive self-esteem, learning attitudes and habits, and social and intellectual competence.
- Supporting the smooth operation of the school by committing to 20 hours of volunteer service, or by paying the volunteer service fee.
- Supporting the smooth operation of the school by fulfillment of parent responsibilities such as timely arrival and departure, prompt tuition payment, adherence to school policies and procedures, and staying informed by reading newsletters, emails, and notices.
- Supporting and valuing the school's philosophy and policies through positive interaction including courteous private meetings with the Executive Director and /or teaching staff if concerns arise.
- Supporting, valuing, and fostering the school community and growth by participation in school activities and committees.

Our staff takes great pride in our responsibilities to our students and their families and we realize that our school plays a major role in your child's development. We rely on your support and assistance so that together we can provide a complete effort in helping your child grow and learn to the best of his or her abilities.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

TMS Director Signature

Date



CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Tupelo Montessori School to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the Tupelo Montessori School is notified by me (us) in writing to cancel it in such time as to afford the Tupelo Montessori School, and the financial institution a reasonable opportunity to act on it.

Name of Student

Name of Financial Institution

Address of Financial Institution - Branch, City, State, & Zip

Printed Name of Account Holder

Account Holder Signature

Date

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Emergency Card

Child's Name: _____ Date of Birth: _____

Address: _____ Home #: _____

Physician: _____ #: _____ Preferred Hospital: _____

Parent/Guardian Name: _____ cell #: _____

Place of work: _____ work #: _____

Parent/Guardian Name: _____ cell #: _____

Place of work: _____ work #: _____

Allergies: _____

(Please provide detailed instructions below concerning your child's allergic reactions and treatment. A doctor's note regarding specific/severe allergies must be kept on file. Please provide the school with the necessary medication in case of an allergic reaction. A Medication Release Form will also need to be filled out allowing TMS staff to administer any medication.)

Dietary Restrictions: _____

Special Health Needs: _____

Persons (at least two) with permission to take your child from school for transportation for sickness, emergency, car-pooling, or visits. In order, we should call:

1. Name: _____ #: _____ Relationship: _____

2. Name: _____ #: _____ Relationship: _____

3. Name: _____ #: _____ Relationship: _____

4. Name: _____ #: _____ Relationship: _____

5. Name: _____ #: _____ Relationship: _____



**Tupelo Montessori School
Parent Handbook Acknowledgement and Agreement**

I have received and read the Parent Handbook, and I agree to abide by the school policies as set forth in it.

Student Name

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date