

MONTESSORI ONE ACADEMY

Address: 9360, Holly Avenue, NE, Albuquerque, New Mexico 87122
Phone Number: 505.822.5150
Fax Number: 505.822.5120
Web Address: www.montessorione.net

ENROLLMENT CONTRACT 2018-2019

Total tuition: \$13,000.00

Student's Legal Name:	_____	Date of Birth:	_____
Student's Preferred Name:	_____	Place of Birth:	_____
Parent/Guardian Name I:	_____	Phone Number:	_____
Email Address:	_____	Social Security No:	_____
Parent/Guardian Name II:	_____	Phone Number:	_____
Email Address:	_____	Social Security No:	_____
Student Address:	_____		
	Street Address		
	_____	_____	_____
	City	State	Zip

Please read and initial each box:

Montessori ONE Elementary Academy offers the following payment options.

One-Payment Plan: \$12,500.00*

Two-Payment Plan (due August and January): \$6,250.00*

Twelve-Payment Plan: \$1,041.67*

*Note, NM Gross Receipts Tax will be added to all tuition payments at the current rate.

In addition, a non-refundable annual registration fee of \$500.00 must be paid in full by MARCH 15, 2018. Failure to receive the completed Enrollment Contract and Registration Fee by March 15th will result in releasing your student's enrollment spot in order to offer the spot to another qualified student.

If your child is withdrawn from school before July 31, 2018, you will be obligated to pay the total fixed tuition of \$13,000.00. If your child is withdrawn between August 1 and August 31, 2018 you also will be obligated to pay the total fixed tuition of \$13,000, however, withdrawal only due to moving out-of-state, with proof of new residence, you will be obligated to pay 50% of the total tuition. Withdrawal after August 31, 2018 for any reason, you will be obligated to pay the remaining tuition for the 2018-2019 academic year.

The undersigned Parent(s)/Guardian(s) is responsible for expenses in enforcing the terms of this Enrollment Contract. Expenses may include, but not limited to, late payment fees, attorney's fees and collection fees. For payments delayed 30 days past their due date you will be charged a \$30 late fee at each occurrence, up to an annual maximum of \$500.

I have read and accept the terms of this enrollment contract. I understand that I am obligated to read the current Parent Handbook, including all future editions and are bound by the policies stated therein.

I understand that in order to fulfill the mission of Montessori ONE, a positive working relationship between Montessori ONE, the student and the student's parent(s)/guardian(s) are needed. Montessori ONE reserves the right to end enrollment of a student at its sole discretion if the student has poor performance, does not meet the curriculum requirements, behaves counter to school standards and expectation of student behavior, excessive tardiness or absence, contradicts the instructional purpose of the school or the student's account is not paid.

In the event that the school must close due to natural catastrophes, government assessment to shut down schools, local or national security (ex: medical quarantines, acts of terrorism, etc.), Montessori ONE will fulfill the academic year by additional days to the school year.

In providing a well-rounded education, Montessori ONE students are expected to participate in activities such as, but not limited to, academic, athletic, experiential education, field trips or activities specific to the student's interests. Montessori ONE does its best to prevent injuries and assure the wellbeing of every student. However, should an injury occur, by enrolling in Montessori ONE, parent(s)/guardian(s)

acknowledge the risk of possible injury associated with participation in a school-related activity, regardless of whether the activity occurs on campus or elsewhere, and will not hold Montessori ONE Academy liable for such injuries or loss of any kind. Parent(s)/Guardian(s) understand that the student is expected and required to abide by the policies and conduct stated in the Parent Handbook at all times and during all activities, including off-campus activities and events.

Parent(s)/Guardian(s) authorize Montessori ONE Academy to use their child's name, photographs, videos, their writing, artwork and audio recordings in school publications, website, social media and advertising both print and electronic. If you do not want your child to participate in any of these types of materials, please notify Montessori ONE in writing and also make your child aware of your request.

I/We, the parent(s)/guardian(s) of _____, accept all the terms and conditions stated in this Enrollment Contract.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date

MEDIA AND ONLINE CONSENT:

Montessori ONE Academy students often work on large-scale projects that require the use of media resources such as the Internet, educational videos or recordings. All media resources have age appropriate controls in place. By signing below, you are giving Montessori ONE permission for your child to use these media resources.

Under the Children's Online Privacy Protection Act (COPPA), websites must provide parental notification and obtain parental consent before collecting personal information from children under the age of 13. Schools are permitted to consent to the collection of personal information on behalf of parent(s)/guardian(s), thereby eliminating the need for parent(s)/guardian(s) to give parental consent directly to the website operator.

Your child's teacher will provide a list of websites used by Montessori ONE students that require the collection of personal information. Parent(s)/Guardian(s) are responsible for reviewing each website. Your signature below serves as your permission for your child to have access to those websites, as well as your permission for this school to upload your child's personal information.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date



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NEW STUDENT TUITION FORM: 2018-2019

Annual tuition fee applies to the Academic School Year from August through May. Registration fee is part of the total tuition fee with the balance divided into either 2 semi-annual or 12 equal monthly payments.

*Please note, NM Gross Receipts Tax will be added to all tuition payments at the current rate.

Full Academic Day: 8:30 AM - 3:30 PM

Total Annual Tuition	Annual Registration Fee	Remaining Annual Tuition	TWO Semi-Annual Tuition Payments*	TWELVE Monthly Tuition Payments*
\$13,000.00	\$500.00	\$12,500.00*	\$6,250.00*	\$1,041.67*

Extended Hours - Customize your schedule with additional time segments as needed:

Available Time Segments

7:00am - 8:30am
3:30pm - 5:00pm
5:00pm - 6:00pm

Additional Annual Tuition (based on number of segments added to your schedule)

1 Segment: \$1,500*
2 Segments: \$2,250*
3 Segments: \$3,250*

Late pick up charge \$7.00 per hour past scheduled pick up time
\$10.00 per minute past 6:00pm

Monthly Fees: \$20 Snack charges
\$3.00 Friday Pizza

Select Tuition Option Single Payment 2 Payments 12 Payments

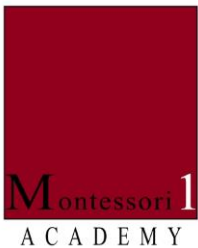
Extended Hours Needed (check all that apply) 7:00am - 8:30am 3:30pm - 5:00pm 5:00pm - 6:00pm

You will receive a tuition bill based upon the option selected. For payments delayed 30 days past their due date your account will be charged a \$30 late fee at each occurrence, up to an annual maximum of \$500. If suit or action by an attorney or collection agency is required to enforce collection, attorney or agency fees will be billed to your account. Montessori ONE reserves the right to terminate contract without notice of any time.

ENROLLMENT: Montessori ONE Academy does not discriminate in admission, education program, or other school programs on basis of race, color, national or ethnic origin, gender, sexual orientation, or religion.

Parent/Guardian Signature

Date



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Student Information Form for 2018-2019

BOTH SIDES OF THIS FORM MUST BE COMPLETED BY THE PARENT AND/OR GUARDIAN.

STUDENT INFORMATION:

Name: _____ M F
Last First M.I.

Home Address: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Age: _____

Mailing Address (if different): _____ Phone: _____

E-mail Address: _____

Please list all numbers where you can be reached throughout the day.

Mother's Name: _____ Father's Name: _____

Cell or Pager #: _____ Cell or Pager #: _____

Business Phone: _____ Ext. _____ Business Phone: _____ Ext. _____

Please list two **LOCAL** relatives or friends who can be contacted **if parents cannot be reached** in case of an emergency.

Name: _____ Name: _____

Phone: _____ Phone: _____

Cell or Pager #: _____ Cell or Pager #: _____

Relationship: _____ Relationship: _____

MEDICAL CONTACT INFORMATION: (Please also refer to Parent Handbook for Sick / Emergency Policy and Procedures)

Does your child have any allergies and/or medical conditions that we should be aware of? _____

If Yes, please list: _____

Name of Family Doctor to be called in case of an emergency: _____ Phone: _____

I give my permission for: Emergency Medical Transportation. YES NO

Emergency Medical Treatment. YES NO

Name of Medical Facility in case of an emergency: _____

Both sides of this form must be completed, signed, dated and returned to the school office prior to your child starting school.

AUTHORIZATION AND PERMISSION FORM FOR 2018-2019

I, _____, give permission to the following individuals to
Parent / Guardian
pick up _____ from Montessori One Preschool Academy and I
Student
release Montessori ONE from any liability for doing so.

1. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____
2. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____
3. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____
4. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____

The following individuals **MAY NOT** pick up, _____ from
Student
Montessori One Preschool Academy (leave blank if not applicable).

1. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____
2. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____

***If the mother or father is listed above, court documentation is needed.**

In order to help us serve your child better, please indicate the following information for your child.

My child takes a **daily** nap. _____ YES NO
From To

I want my child to take daily naps at school (in the afternoons). YES NO

My child wears a diaper. YES NO

My child is currently being potty trained. YES NO

My child is already potty trained. YES NO

I give permission for pictures, films, or videotapes of
my child to be taken for school records, promotions,
publications and marketing including Montessori One website. YES NO

Parent Signature

Date



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PARENTAL CONSENT AND RELEASE FORM FOR LIBRARY/GROCERY

MONTESSORI ONE ACADEMY PARENTAL/GUARDIAN CONSENT FOR:

- Acknowledgement of Personal Liability
- My child to walk Off Campus
- My child to ride with Private Drivers
- My child to ride with Another Student Participating in Activity

BACKGROUND

My child, _____, has permission to leave Montessori ONE campus to visit the local library, Albertsons and Trader Joes for the duration of the 2017-2018 school year. I understand this is a weekly activity that involves travel to and from school.

CONDUCT DURING ACTIVITY

I understand that my child's participation in the activity is a privilege. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity; all Montessori ONE policies and procedures; and state and federal regulations and laws. I understand that all school rules and policies apply to my child and the other students during the course of the going out.

TRANSPORTATION PERMISSION AND WAIVER

I understand that for trips to the library, private drivers, which may include me (pending my written permission below), a teacher, an administrator or the parent of another student, may be used to transport students to and from school. The owner of the vehicle must provide proof of insurance and a valid license. I understand that for grocery visits the children will walk with an adult chaperone. Montessori ONE's insurance does not cover damages arising from, related to, the operation of any private vehicle, failure to follow the directed driving route, or any personal negligence related to this activity. Any damages/harm resulting from a parent/guardian/or other designated driver arising from the operation of a motor vehicle in relation to the above listed activity is hereby waived.

Please initial on the two spaces to the left of each statement below to acknowledge your acceptance of the following permissions.

I give permission for my child to walk to the grocery store with other students and an adult chaperone.

I give permission for my child to ride in a vehicle driven by a teacher, an administrator, or parent of another student to the library.

I also understand that I have the ability to refuse to sign this form. In addition, that if I refuse to sign, my child will not be permitted to participate in these outings. Initial below if you do not give permission for your child to participate.

I do NOT give permission for my child to attend the trips to the grocery and library. My child will stay at school.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that this going out may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for injuries that might occur to my child by reason of his/her participation.

By signing this form, I hereby release Montessori ONE, its Director, administrators, teachers, staff and volunteers (“released parties”) from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child’s failure to comply with local, state, and federal laws and policies, procedures, and Montessori ONE rules and expectations for conduct; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a parent/guardian/or other designated driver’s operation of a motor vehicle in relation to this going out. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgments.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

I have signed this CONSENT AND RELEASE this ____ day of _____, 201____.

I have read and understand this CONSENT AND RELEASE.

Student’s name (please print)

Date

Parent or Legal Guardian name (please print)

Date

Signature of Student’s Parent of Legal Guardian

Date



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PARENTAL CONSENT AND RELEASE FORM FOR GOING OUTS

MONTESSORI ONE ACADEMY PARENTAL/GUARDIAN CONSENT FOR:

- Acknowledgement of Personal Liability
- My child to ride with Private Drivers
- My child to ride with Another Student Participating in Activity

BACKGROUND

My child, _____, has permission to participate in the going out trip to the _____ on ____/____/____. I understand this activity involves travel to and from _____. I also understand that this activity does / does not involve staying overnight.

CONDUCT DURING ACTIVITY

I understand that my child's participation in the activity is a privilege. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity; all Montessori ONE policies and procedures; and state and federal regulations and laws. I understand that all school rules and policies apply to my child and the other students during the course of the going out.

TRANSPORTATION PERMISSION AND WAIVER

I understand that private drivers, which may include me (pending my written permission below), a teacher, an administrator or the parent of another student participating in the going out, may be used to transport students to and from the location of the going out. The owner of the vehicle must provide proof of insurance and a valid license. Montessori ONE's insurance does not cover damages arising from, related to, the operation of any private vehicle, failure to follow the directed driving route, or any personal negligence related to this activity. Any damages/harm resulting from a parent/guardian/or other designated driver arising from the operation of a motor vehicle in relation to the above listed activity is hereby waived.

Please initial on the two spaces to the left of each statement below to acknowledge your acceptance of the following permissions.

_____ I give permission for my child to ride in a vehicle to and from the going out with other students.

_____ I give permission for my child to ride in a vehicle driven by a teacher, an administrator, or parent of another student to the activity.

I also understand that I have the ability to refuse to sign this form. In addition, that if I refuse to sign, my child will not be permitted to participate in the going out. Initial below if you do not give permission for your child to participate.

_____ I do NOT give permission for my child to attend the going out. My child will stay at school.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that this going out may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for injuries that might occur to my child by reason of his/her participation.

By signing this form, I hereby release Montessori ONE, its Director, administrators, teachers, staff and volunteers (“released parties”) from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child’s failure to comply with local, state, and federal laws and policies, procedures, and Montessori ONE rules and expectations for conduct; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a parent/guardian/or other designated driver’s operation of a motor vehicle in relation to this going out. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgments.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

I have signed this CONSENT AND RELEASE this ____ day of _____, 201____.

I have read and understand this CONSENT AND RELEASE.

Student’s name (please print)

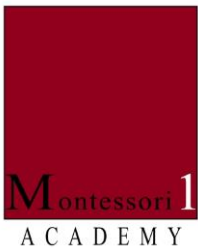
Date

Parent or Legal Guardian name (please print)

Date

Signature of Student’s Parent of Legal Guardian

Date



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PARENTAL CONSENT AND RELEASE FORM FOR OVERNIGHT

MONTESSORI ONE ACADEMY PARENTAL/GUARDIAN CONSENT FOR:

- Acknowledgement of Personal Liability
- My child to spend the night at Montessori ONE

BACKGROUND

My child, _____, has permission to spend the night at Montessori ONE on _____/_____/_____. I understand this activity involves spending the night on campus.

CONDUCT DURING ACTIVITY

I understand that my child’s participation in the activity is a privilege. I acknowledge that I have spoken with my child about my child’s need to comply with the specific rules and requirements established for this activity; all Montessori ONE policies and procedures; and state and federal regulations and laws. I understand that all school rules and policies apply to my child and the other students during the course of the going out.

PERMISSION

I understand that by signing this form I give permission for my child to spend the night at Montessori ONE and I also understand that I have the ability to refuse to sign this form. In addition, that if I refuse to sign, my child will not be permitted to participate in the overnight. Initial below if you do not give permission for your child to participate.

- _____ I GIVE my permission for my child to spend the night at Montessori ONE.
- _____ I plan to spend the night with my child.
- _____ I do NOT plan to spend the night with my child. My child will attend alone.
- _____ I do NOT give permission for my child to attend the going out. My child will stay at school.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that this overnight may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for injuries that might occur to my child by reason of his/her participation.

By signing this form, I hereby release Montessori ONE, its Director, administrators, teachers, staff and volunteers (“released parties”) from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child’s failure to comply with local, state, and federal laws and policies, procedures, and Montessori ONE rules and expectations for conduct; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a parent/guardian/or other designated driver’s operation of a motor vehicle

in relation to this going out. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgments.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

I have signed this CONSENT AND RELEASE this ____ day of _____, 201__.

I have read and understand this CONSENT AND RELEASE.

Student's name (please print)

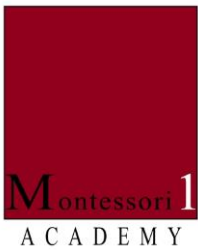
Date

Parent or Legal Guardian name (please print)

Date

Signature of Student's Parent of Legal Guardian

Date



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GENERAL PERMISSION FORM

Child's name: _____

Date: _____

I give my permission for Montessori ONE to:

YES

NO

Initials

Apply sunscreen to my child

Apply Burn cream if needed to my child

Apply Neosporin if needed to my child

Post food allergies and/or food restrictions in all classrooms

Please allow my child to interact with any pets brought to class.

***Please complete and return for student file.**



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GUIDANCE/DISCIPLINE POLICY

According to the State, discipline includes positive guidance, redirection, and clear limits that encourage the child's ability to become self-disciplined. Positive discipline may include brief, supervised separation from the group or withdrawal of special privileges such as playtime with other children.

Prohibited disciplinary practices are:

1. Physical punishment of any type.
2. Withdrawal of food, rest or bathroom access.
3. Abusive or profane language including yelling.
4. Any form of public or private humiliation including threats of physical punishment.
5. Unsupervised isolation and/or separation of a child.
6. Any other type of punishment that is hazardous to the physical, emotional or mental health of the child.

We at Montessori ONE believe and practice positive discipline. Children have liberty within limits; the limits being that their actions are not interfering with the rights of other individuals or the group. If a child misbehaves, he/she is issued a gentle warning. We ask the child to repeat what we said to make sure the child understands us. If the behavior continues, the child is removed from the situation in order to calm the child and allow time for the child to reflect upon his/her actions. If this still isn't sufficient, a note will be sent home and a meeting will be arranged with parents.

We moderate disputes between children so each child can understand the point of view of the other. The techniques of redirection and refocusing are used so the child can focus on something other than the problem. Logical and natural consequences are discussed with the child as well. We also take the time to listen to the child's fears, worries and problems. We also speak to children privately. We remain firm but loving. Mutual respect, cooperation, responsibility, high self-esteem, self-control and rational communication are the goals we seek.

Intentional defacement of school property, cursing, hitting, kicking or biting are behaviors that we do not tolerate. A child who exhibits violent behavior which endangers the physical and emotional welfare of others will face suspension for the day. In cases such as this, you will be called and asked to pick up your child immediately. Depending upon the circumstances, the student may be required to stay home for one or two days. If a child's behavior still does not improve, the child will be placed on "probation" before being dismissed (**Montessori ONE reserves the right to expel a child at any time if negative and/or violent behavior continues**).

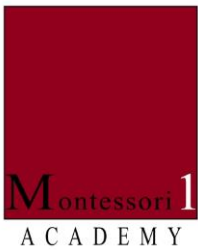
I, parent of _____ have been provided with a copy of the Parent Handbook and have read and understand Montessori ONE Preschool Academy's discipline and guidance policy.

Parent's signature

Date

Parent's signature

Date



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INITIAL PARENT-TEACHER MEETING

As part of our registration process, it is very important for our teachers to meet with you to discuss your child in more detail. The more we know about your child, the better we will be able to serve them!

Montessori ONE teachers would like to meet with you prior to your child starting school.

Please fill out the bottom portion and return with your registration forms so that your child's teacher can contact you to make arrangements.

Child's Name: _____

Parent's Name: _____ Home #: _____

E-Mail Address: _____ Cell #: _____

Start Date: _____ Child's Date of Birth: _____

Please propose available dates:

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00-8:30					
3:30-4:00					