



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 Application for 2018-2019 Nido Program (ages 6 weeks – 14 months)

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: _____

PARENT INFORMATION:

Mother's Name: _____ S.S. #: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Position: _____

E-mail Address: _____

Father's Name: _____ S.S. #: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Position: _____

E-mail Address: _____

PROGRAM OPTIONS: *Schedule of Fees for different options on reverse side.*

5 HALF DAYS
Option 1
(8 am to 12 pm)

FULL DAY MONTESSORI PROGRAM
Option 2
(9 am to 3:30 pm)

FLEX DAYS
Option 3
(8:00 am to 4 pm)

EXTENDED DAYS
Option 4
(7:00 am to 6 pm)

Option Selected: _____ Days of the week attending (circle all applicable): M T W TH F

Time(s) attending: _____
From To

If you require before and after school care, please indicate the following:

Days Additional Child Care needed (circle all applicable): M T W TH F

Times Additional Child Care Needed: A.M. _____ P.M. _____ Both
From To From To

Please complete, sign, and date reverse side of this form prior to submitting.

Enrollment Application for 2018-2019
Nido Program (ages 6 weeks – 14 months)

The Total Annual Tuition applies for August through July of each year. Registration fee is part of the total tuition with the balance divided into 12 equal monthly payments.

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

Half-day Program: 8:00 AM – 12:00 PM			
Schedule	Total Annual Tuition	Registration Fee – Non-refundable Annual fee	12 Monthly Tuition Payments
Option 1 - 5 Days	\$13,100	\$500	\$1050*

Full Day Montessori Program: 9:00 AM – 3:30 PM			
Schedule	Total Annual Tuition	Registration Fee – Non-refundable Annual fee	12 Monthly Tuition Payments
Option 2 - 5 Days	\$16,100	\$500	\$1300*

Flexible Day Program: 8:00 AM – 4:00 PM			
Schedule	Total Annual Tuition	Registration Fee – Non-refundable Annual fee	12 Monthly Tuition Payments
Option 3 - 5 Days	\$18,500	\$500	\$1500*

Extended Day Program: 7:00 AM – 6:00 PM			
Schedule	Total Annual Tuition	Registration Fee – Non-refundable Annual fee	12 Monthly Tuition Payments
Option 4 - 5 Days	\$20,900	\$500	\$1,700*

For all options, receive \$100 off the annual total if annual tuition is paid in full. For extended absences, exceeding 30 days, inquire about vacation rates with the Director.

Before and/or after class fee (unless signed up for extended day program): \$7.00 per hour.

Late pick up charge: \$10.00 per minute AFTER 6:00 P.M.

Supplies and material fee: \$10 per month

Some optional fees may apply for activities available on Fridays – i.e. Pizza, Special Treats, etc.

Tuition fees are due on the first of every month. The first payment is due on the first day of school upon opening. If payment is not made by the 10th day of each month due, \$25 late fee will be charged to your account. Please submit a Thirty (30) day written notice if you decide to withdraw your child from Montessori One Academy. Failure to do so will result in a penalty equivalent to one month's tuition. 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 at any time.

ENROLLMENT: Montessori One Academy does not discriminate in admission, education program, or other school programs based on race, color, national or ethnic origin, gender, sexual orientation, religion, or family income.

Parent Signature

Date

Parent Signature

Montessori ONE Use Only: Date Enrolled



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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: _____

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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INFANT NIDO QUESTIONNAIRE

Child's Legal Name: _____ Nickname: _____

Date of Birth: _____

Parent/Guardian Name(s): _____

Has your child been enrolled in a Montessori school before? _____

How did you learn about Montessori One? _____

Other siblings/children living in the home (Names/Ages): _____

1. What are your reasons for choosing Montessori One Academy for your baby?

2. Please indicate current school and prior schools your baby attended (include dates).

3. If you are changing schools at this time, please explain why.

4. What are your expectations and developmental goals for your baby in the coming year?

5. What would you like us to know about your baby?

6. What makes your baby upset?

7. What captivates your baby's interests?

8. What, if anything, frustrates your baby?

9. What other languages, if any, are spoken in the home? _____

10. Did you have any complications during pregnancy or childbirth? Yes ____ No ____ If yes, please explain.

11. What is your baby's sleep pattern or schedule at this point?

12. Do you plan to come to school to nurse or offer the bottle?

13. Have you introduced solid foods to your baby? If not when do you plan to?

14. How does your baby act with adults that he/she doesn't know?

15. How does your baby act/play with children his/her own age if applicable?

17. Please give a brief description of your home environment.

18. What are some of your family time activities?

17. Please describe how you handle discipline in your home.

18. Who attends to the baby's needs at home?

19. How does your baby adapt to changes in activity or location?

20. Have any family circumstances occurred that may have impacted your child?

21. In order to best support your baby, are there any medical, physical, emotional, or educational factors which should be taken into account? Yes _____ No _____ If yes, please explain:

22. Is there a family history of any type of development delays that we should be aware of? If so, please explain:

23. Has your child ever received diagnostic testing, evaluations, or support services (e.g., occupational therapy, speech and language, etc.)? If so, please explain:

24. What is the average time per day your baby spends:

Watching TV _____ Playing with computers or electronic games _____ Looking at books _____

Interacting with other children outside of school _____ Having Tummy Time _____

25. What equipment is used in the home and for how long:

Bouncer _____ Saucer _____ Walker _____ Play Pen _____ Swing _____

Baby wearing (sling, etc.) _____ Other _____

26. Do you co-sleep?

27. Where does your baby nap?

26. What else would you like us to know about your child?

CONSENT

By signing below, (I/we) acknowledge that the information contained in this application is true and accurate. (I/We) hereby authorize Montessori ONE Preschool to contact other schools and other sources to obtain information to support this application and (I/we) will not seek access to confidential recommendations and evaluation materials.

(I/We) understand that the submission of this form is completed upon (my/our) child's admission to Montessori ONE Preschool. This does not commit Montessori ONE Preschool to accept (my/our) child. Enrollment is contingent upon receiving and signing a formal contract and payment of the enrollment deposit.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Please remember that parent/teacher communication is very important to your child's education. Please keep your child's teacher informed on any on-going changes that may affect the child.

"Parents.... Are the only ones that can save their children by uniting and working together for the improvement of society." Maria Montessori, The Secret of Childhood



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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 diaper 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

***Please read, sign, date and return for student file.**



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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					



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WHAT TO BRING TO SCHOOL

___ Immunization Records (please submit at the front desk)

___ A zip lock bag labeled with child's name containing a change of clothes. Each clothing item should also be labeled with the child's name. These will be left at school and sent home when dirty.

___ Short sleeve shirt

___ Long sleeve shirt

___ Pants or shorts*

___ Socks (2 pairs)

___ Underpants (3 pairs)*

*more for children that are toilet training

___ Slippers or soft soled shoes to be kept at school and worn in the classroom. (www.robbeez.com up to age/size 4) please be sure they don't have any cartoons or animal figures so as not to distract them and are safe.

___ Close toed and close heeled sneakers or shoes that stay securely on the child's feet to wear to school and on the playground. **(No sandals, flip-flops, or Crocs) – PLAIN FUNCTIONAL ONLY!!**

___ Outdoor wear, weather dependent. Jacket, sweatshirt, sweater, raincoat, sun hat, sun screen, winter hat, mittens, scarf, etc.

___ Diapers for children that are not toilet trained, diaper cream if necessary, both labeled with the child's name

___ Lunch

___ Lunch box or bag labeled with the child's name

___ Healthy lunch in manageable containers. **No sweets or peanut products please!** We will provide milk and water. Please send soy or rice milk if preferred over cow's milk. No juice, sports drinks, soda, or other beverages.

___ Utensils, child sized and metal if possible

___ Cloth napkin that can be used as a place mat

The following items are for community use and do not need to be labeled.

___ 3 LARGE boxes of soft tissues

___ 3 containers of baby wipes

___ 3 Containers of disinfecting wipes

___ 2 bottles of hand soap

___ 4 Bars of Dove soap

___ 2 Boxes of Gallon Size Zip lock bags

___ Group snack on a sign-up basis. Sign-up sheets are available by your child's cubby.



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SUGGESTED SNACK LIST

FRUITS

Apples
Oranges
Tangerines
Nectarines
Bananas
Grapes
Kiwi
Peaches
Pears
Strawberries
Blueberries
Raspberries
Blackberries
Mango
Cantaloupe
Honeydew
Watermelon
Raisins

DAIRY

Low-fat Cheese
Yogurt (low-fat, unsweetened, no artificial sweetener)

VEGETABLES

Carrots
Bell Peppers
Mushrooms
Cherry or Grape Tomatoes
Broccoli
Celery

GRAINS

Whole Wheat Bread
Whole Wheat Crackers
Bagels
English Muffins
Baked Tortilla Chips
Pita Bread
Melba Toast
Whole Grain, low-sugar Cereal
Rice Cakes (unflavored)

MISCELLANEOUS

Low-fat Vegetable Dip
Cream Cheese
Hummus
Mild Salsa
Fruit Spread (no sugar added)
Apple Butter

BRING:

- Choose two things to bring (i.e. fruit and yogurt, crackers and cheese, veggies and dip). Please bring enough for one classroom (approx. 25 students).
- Bring 1/2 gallon of milk (Under age two, whole milk ONLY, over age two, 2% milk preferred).

Please remember that snacks should not contain any nut products. We also ask that you provide snacks in their original packages and organic items are preferred.