

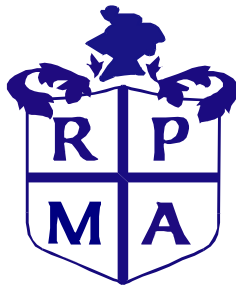
Royal Palm Montessori Academy Registration Forms

Find enclosed all of the information necessary to Register your child. Thank you for your interest in Royal Palm Montessori Academy.

Registration Process

1. Please call our office to schedule a class visit.
2. When registering, complete the Registration Form and return it with a registration fee of \$150.00 to:

Royal Palm Montessori Academy
12532 Cobblestone Way
Boca Raton, Florida 33428
Attention: Admission
3. Immunization and Physical Exam must be obtained from the pediatrician's office.
4. Contact RPMA for uniform information.



“Educating the Leaders of Tomorrow”

* Royal Palm Montessori admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

ROYAL PALM MONTESSORI ACADEMY • ENROLLMENT FORM • Year _____

STUDENT INFORMATION

Name of Student _____ Age _____
Address _____ Phone _____
City _____ St _____ Zip Code _____ Birthdate _____ Social Security # _____

MOTHER OR FEMALE GUARDIAN INFORMATION

Name _____ License# _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Pager _____
Business Phone _____ Facsimile _____ E-Mail _____
Employer _____

FATHER OR MALE GUARDIAN INFORMATION

Name _____ License# _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Pager _____
Business Phone _____ Facsimile _____ E-Mail _____
Employer _____

EMERGENCY CONTACT

Name _____ License# _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Pager _____
Business Phone _____ Facsimile _____ E-Mail _____
Employer _____

ANY MEDICAL CONDITION/ ALLERGIES (Explain): _____

DOCTOR INFORMATION

Child's Physician _____ Phone _____
Address _____

As parent (guardian) of the above named child, I hereby agree to all rules and regulations of Royal Palm Montessori Academy and authorize participation by my child in all officially sponsored school activities. It is hereby agreed that the school will not be held responsible or liable for any injuries, in the event we or our designee cannot be reached, I give my consent for my child to receive emergency medical care and /or be transported by ambulance or other conveyance to a doctor or hospital for immediate attention and treatment. I also agree to be responsible for payment of the same.

I received the Child Day Care Brochure: _____

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

FDS: _____

REG DATE: _____

CLASS: _____

PERMISSION FOR PICK-UP

Name of Child _____ Name of Parent _____

As parent or Legal Guardian of the above named child, I hereby give my permission to Royal Palm Montessori Academy's staff to release my child to any of the individuals listed below without the need of contacting me at the time of pick-up. I understand that it is my responsibility to update this form and that any changes must be made directly on this paper.

INDIVIDUALS WITH PICK-UP PRIVILAGES

Name: _____ Relationship _____
Address _____ City _____ State _____
Zip Code _____ Home Phone _____
Cell Phone _____ Pager _____

Name: _____ Relationship _____
Address _____ City _____ State _____
Zip Code _____ Home Phone _____
Cell Phone _____ Pager _____

Name: _____ Relationship _____
Address _____ City _____ State _____
Zip Code _____ Home Phone _____
Cell Phone _____ Pager _____

Name: _____ Relationship _____
Address _____ City _____ State _____
Zip Code _____ Home Phone _____
Cell Phone _____ Pager _____

_____ Date _____

Signature of Parent or Legal Guardian

ENROLLMENT CONTRACT

Name of Child: _____

1. A non-refundable Registration fee of \$150.00 is required of all students
2. Tuition will be paid the first Monday of every month (according to our calendar). A late payment fee will be required if paying after the 5th of the month.
3. I/We agree that no reduction, credit, or refund of our tuition will be made for absences, voluntary or involuntary withdrawal or expulsion. Students will not be allowed to continue to attend classes unless tuition is paid by stated deadlines. The school has the right to terminate the attendance of any student for reasons set forth in the Handbook, including the failure of parents to pay part or all of their financial obligations for the student's attendance.
4. "RPMA" is not responsible for damages to or loss of personal belongings.
5. The use of (my/our) (child/ward's) photograph and information in school publications is authorized without compensation or fee.
6. A positive and constructive working relationship between "RPMA" and a student's parent/guardian is essential to the fulfillment of "RPMA"s educational purpose. Thus, "RPMA" reserves the right not to extend the privilege of re-enrollment to a student if "RPMA" reasonably concludes that the actions of a parent(s)/guardian make such a positive and constructive relationship impossible or otherwise seriously interfere with Montessori Academy's educational purpose.
7. If in the opinion of a properly licensed and practicing medical professional, my child needs medical or surgical services which require my authorization or consent before the same can be supplied by the undersigned, I hereby authorize, appoint and empower "RPMA", to act as my agent to furnish on my behalf such oral or written authorization as may be required, and I release "RPMA" from any liability which might arise from giving such authorization; it being my desire that my child be furnished with such medical or surgical services as soon as reasonable possible after the need arises.
8. I understand that the State of Florida and the regulations of "RPMA" require all students to have on file before attending the first day of classes specific records (immunization, physical, and health) on forms which will be kept by the school.
9. I understand that the form of discipline in this school is "time-out." The teacher and child will first talk about the problem and a proper way to conduct himself/herself. The child will sit apart from the group in full view of the supervising adult, and will indicate when he/she is ready to rejoin the class.
10. I understand that uniforms are mandatory at "RPMA" and that failure to bring my child in proper uniform attire can result in immediate dismissal from the school.
11. I hereby authorize "RPMA" staff to contact my child's pediatrician to inquire about allergies or diagnosis of an illness. I also understand that if my child leaves the school sick, he/she will not be able to return without a doctor's release.
12. Materials or monies I might donate through fundraisers or directly will be considered as such and will not be refunded.
13. If this Contract must be placed in the hands of an attorney for enforcement and/or collection, the undersigned agrees to pay all costs of enforcement and/or collection which shall include, but not be limited to, reasonable attorney's fees and costs.
14. I understand that RPMA does not provide meals and that I am solely responsible for providing my child with a well-balanced and nutritious lunch.

Date

Print name of Mother/legal guardian

Print name of Father/Legal Guardian

Signature parent/guardian and/or person responsible for billing