

Von Wedel Montessori School

Integrity · Respect · Excellence · Accountability



APPLICATION FOR ADMISSION

Directions: Please complete sections I-V of this Application and indicate N/A (not-applicable) where appropriate. All sections must be completed prior to submission.

I. FAMILY INFORMATION

Child's Name _____
Legal Name "Nickname"

Date of Birth _____
mm/dd/yyyy

Home Address _____
Street Address

City, State, Zip

Gender _____
Phone # _____
Preferred phone number for contact from school

Custodial Parent(s) / Legal Guardian(s) ("Parents"):

Parent's Name _____
Relationship _____
Employer _____
DL or SSN _____

Phone # _____
Email _____
Work # _____

Parent's Name _____
Relationship _____
Employer _____
DL or SSN _____

Phone # _____
Email _____
Work # _____

If separated, please provide complete information for the secondary household below:

Parent's Name _____
Home Address _____

Phone # _____
Email _____

II. MEDICAL INFORMATION

Child's/Family Doctor _____ Office # _____

Child's/Family Dentist _____ Office # _____

Child's Health Insurance Carrier _____

Policy/Group # _____

Please list any food restrictions or allergies the school should be made aware of:

Please list any additional ailments or medical concerns that you are aware of:

Please list any medication that your child takes on a regular basis:

III. EMERGENCY CONTACTS

In the event of an accident, illness, or emergency, the School will make every effort to contact you as soon as possible. If we are unable to reach you, please list – in order – any others we should try to contact regarding your child's well-being. *Address is required.*

#1 Name _____ Phone # _____

Address _____ Relation _____

#2 Name _____ Phone # _____

Address _____ Relation _____

#3 Name _____ Phone # _____

Address _____ Relation _____

IV. PICK-UP / RELEASE List

Please list any persons beyond those already included as Emergency Contacts who have the authority to remove your child from school. As per Section 65C-22.001, F.A.C., your child will ONLY be released to Parents and/or those individuals authorized in Sections III & IV of this *Application*. Parents are welcome to modify Emergency Contact and Pick-Up/Release authorizations at any time, but all requests must be submitted to the main office **in person, in writing, prior to the intended release**. CALLS ON THE PHONE OR EMAIL TO THE MAIN OFFICE WILL NOT SUFFICE. (NOTE: Address is required.)

Name	Phone #	Address
Name	Phone #	Address
Name	Phone #	Address

V. ACKNOWLEDGEMENTS

By signing below, I confirm that all information on my *Application for Admission* is complete, accurate, and will be updated as necessary. I further confirm that I wish to enroll my child at Von Wedel Montessori School and acknowledge, understand, and agree that:

1. A current, complete, and properly executed **Student Health Examination form DH 3040** and **Florida Certification of Immunization form DH 680** (or Religious Exemption from Immunization form, DH 681) must be submitted as part of my child's enrollment and that, should either lapse, my child will be unable to attend School until such time that both Forms are current.
2. I have received and can always ask for replacement copies of:
 - The Child Care Facility Brochure CF/PI 175-24, "Know Your Child Care Facility";
 - The school's written disciplinary and expulsion policies;
 - The school's food and nutrition policies, which include discussion of food safety and food allergens.
 - The brochure CF/PI 175-70, "Influenza Virus, Guide to Parents," with information detailing the causes, symptoms, and transmission of the influenza virus—a document that I will continue to receive, annually, every August-September; and
 - The brochure CF/PI 175-12, "Distracted Adult," with information about children being unknowingly left in vehicles and the risk of heatstroke and death—a document that I will continue to receive, annually, every September and April.
3. Local and State Child Care Personnel may have access to my child's school records, as needed.
4. Von Wedel's tuition is an annual fee that is due upon enrollment. If my child is accepted:
 - I will be responsible for the entirety of my child's tuition as stipulated on the governing *Tuition Rate Schedule* for the term to which he or she will be enrolled (included);
 - I will pay my child's tuition according to the terms of my *Tuition Installment Schedule* (attached); and
 - I will enter into a legally binding *Tuition Agreement* for each term that my child is enrolled as a student at Von Wedel Montessori School.

Signature of Parent/Guardian

Date