



# ST. FRANCIS MONTESSORI

## Enrollment Form for the Montessori Programs 2023 – 2024



### Children and Family

First Child's Name	Date of Admission	Date of Withdrawal	
Second Child's Name (if applicable)	Date of Admission	Date of Withdrawal	
Third Child's Name (if applicable)	Date of Admission	Date of Withdrawal	
Fourth Child's Name (if applicable)	Date of Admission	Date of Withdrawal	
Please fill out the following, even if you are a returning family.			
Street Address	City	State	Zip
Father's Name	Home Phone	Business Phone	Cell Phone
Mother's Name	Home Phone (if different)	Business Phone	Cell Phone
Father's Email	Mother's Email		

### Intent to Enroll

**Program and tuition.** Please select a program for each child, in order of Elementary, Full Day, Morning, then Catechesis.

(For Catechesis-only enrollment, the Atrium Enrollment Form will also need to be submitted.)

Child 1: \_\_\_\_\_ Age (as of September 1): \_\_\_\_ yr \_\_\_\_ mo Birthday: \_\_\_\_\_

- Elementary Program (\$5900/\$4800 UD faculty)
- Morning Primary Program (\$4300/\$3500 UD faculty)
- Full Day Primary Program (\$5100/\$4100 UD faculty)
- Catechesis only (\$275)

Child 2: \_\_\_\_\_ Age (as of September 1): \_\_\_\_ yr \_\_\_\_ mo Birthday: \_\_\_\_\_

- Elementary (\$4600)
- Morning (\$2400)
- Full Day (\$3000)
- Catechesis only (\$250)

Child 3: \_\_\_\_\_ Age (as of September 1): \_\_\_\_ yr \_\_\_\_ mo Birthday: \_\_\_\_\_

- Elementary (\$4000)
- Morning (\$1400)
- Full Day (\$1900)
- Catechesis only (\$150)

Child 4: \_\_\_\_\_ Age (as of September 1): \_\_\_\_ yr \_\_\_\_ mo Birthday: \_\_\_\_\_

- Elementary (free)
- Morning (free)
- Full Day (free)
- Catechesis only (free)

- SACRAMENTAL PREPARATION (usually for children 7 or older in September in the Level 2 Atrium) (\$50)

\*Preferences for teachers are given through communication with the Directress. Children stay in the same classroom per 3 year cycle unless discussed with the Directress. Please understand that we cannot guarantee a spot in your preferred environment as final rosters are balanced by age, gender, number of returning children, and availability of spots.

\*I understand the importance of the **Three Year Cycle** and intend to honor my child's placement in Primary for ages 3-6, Lower Elementary for ages 6-9, and Upper Elementary for 9-12. \_\_\_\_\_ (initial)

**Enrollment fee of \$250 is due with this form. This is a non-refundable fee.**

SFM reserves the right to cancel placement or offer the place to another child if fees are not received.

I accept the place St. Francis Montessori has reserved for my child(ren) named above. \_\_\_\_\_ (initial)

## Payment Agreement

**Total tuition amount.** Enter the total amount for all children.

\$ \_\_\_\_\_

**Payment plans:**

- *One installment.* Parent agrees to pay total tuition amount in full on or before June 1.
- *Two installments.* Parent agrees to pay one half total tuition amount on or before June 1, and the remainder on or before January 1.
- *Ten installments.* Parent agrees to pay total tuition amount in ten equal payments, on or before the first day of each month from June 1 to April 1 (no tuition is paid in February due to registration being due). Parents who enroll after September 1 will be on a 9 month prorated plan.

St. Francis Montessori uses an outside vendor to collect tuition payments. An **automatic withdrawal will be required for families**, including the bank processing fee. **Parents are required to sign up for Smart Tuition. A Smart Tuition FAQ is included in the enrollment packet for new families.** Each family will receive emails from Smart Tuition with tuition information and it is the family's responsibility to update bank information and payment frequency through Smart Tuition.

**Agreement.** Please read and sign.

- I agree to pay St. Francis Montessori tuition for my child(ren), in the amount and according to the terms set out above. \_\_\_\_\_ (initial)
- I understand there are no refunds on tuition paid, even in the event of withdrawal (even before the semester begins). \_\_\_\_\_ (initial)
- I understand that I will be responsible for any insufficient funds, returned check fees, or late fees accrued. \_\_\_\_\_ (initial)
- I understand that I will be responsible for the volunteer requirement and fundraising requirement (see pg. 3). \_\_\_\_\_ (initial)
- I understand that I will be responsible for the following fees, per family: Registration \$250, Smart Tuition \$50, Supplies \$100, Snack Opt-out \$150, Elementary-only Activities \$100, Elementary-only Languages taught weekly by a qualified teacher \$100. \_\_\_\_\_ (initial)

In the event that my account is turned over to an agency or attorney for collection, I agree to pay all reasonable attorney fees, plus all attendant collection costs and/or court costs.

Print Name	Social Security Number	Driver's License State and Number
Employer	Employer's Address	Employer's Phone

## Other Agreements and Permissions

By checking the appropriate boxes and initialing below I affirm the following:

*Parent Handbook*  I have read, fully understand, and agree to follow all of the regulations and provisions contained in the St. Francis Montessori Parent Handbook.

*Parent education and volunteer hours*  I or my spouse will attend Parent Orientation and will complete at least twenty volunteer hours (8 of which can be earned by attending the Parent Education nights), in accordance with the Parent Handbook.

*Snack.*  I understand that a snack will be provided for my child(ren) during the day and I will purchase and provide the snack one week per year. **Opt out**  I will opt out of purchasing and bringing snacks and instead pay \$150 for the year, per family.

*Photo Release* Please note, if you do not wish for SFM to photograph your child in any way, please contact the Directress.

St. Francis Montessori may photograph students and share photographs in a limited way (for example, the annual school pictures that are shared to SFM families, a teacher sharing photographs by email to classroom families, Oktoberfest pictures, as well as hand-given photos given in the enrollment packets, etc).

In addition, I grant St. Francis Montessori the right to publish or otherwise replicate photographs of students enrolled, in which he/she/they may appear in whole or in part, for the purpose of art, advertising, or any other lawful purpose, including the website or social media.

*Directory release.*  I give St. Francis Montessori permission to share my phone number, email address, and physical address with other parents in the Family Directory.

*Walking Release*  My children have permission to walk with faculty between locations.

Discipline Transportation Release  SFM does not provide transportation. However, in the case of a disciplinary need, faculty may take my child to the main Primary building for administrative support. \_\_\_\_\_ (initial)

**Volunteer Sign-Up**

Our parents are vital to the success of SFM! To help keep tuition reasonable and to provide the best educational environment for our children, we request that each family complete 20 service hours before the end of the year, 8 of which can be earned during the Parent Education evenings, 3 of which must be dedicated to helping at Oktoberfest. Volunteering also provides a great way to meet other families while having fun.

In August, there will be an opportunity to sign up for one's volunteer hours. If left undone, SFM will assign parents to the needs of the school.

\_\_\_\_\_ (initial)

**Opt out.**  I am unable to give my volunteering time this year. Instead, I have enclosed a check for \$400.

**Fundraising**

- In order to keep tuition reasonable, Saint Francis Montessori requests families to participate in fundraising. Whereas tuition is not tax-deductible, fundraising allows families the opportunity to invite family members, friends, and neighbors to support SFM, or to make a tax-deductible contribution themselves.
- Each Montessori family is required to fundraise \$500 annually. Each family has one main opportunity to raise the required \$500 of donor funds at the Oktoberfest fundraiser. Families will be notified of their family fundraising total in January and will be required to pay the remainder of the \$500 with either their monthly tuition payments or one final payment May 1.

\_\_\_\_\_ (initial)

**Opt out.**  I am unable to give my fundraising time this year. Instead, I have enclosed a check for \$500.

**State Requirements**

By checking the appropriate boxes and initialing below, I affirm the following:

- The state requires all children to have an updated immunization record or a current exemption on file (see pg. 4).
- The state requires an annual doctor's statement of good health (see pg. 4).
- Immunization records and doctor statements are due by June 30. If you are enrolling after that date, these forms are due within one month of enrollment or before the child may attend the first day of phase-in.
- SFM charges a \$50 late fee on August 1 if enrollment and/or medical records are incomplete.
- If the above-mentioned records are not submitted by the first day of phase-in, the child may not attend school until the records are submitted. This is required by state law.
- The state also requires hearing and vision screenings for all children age 4 by Sept. 1 and all new students that age and older, then again at ages 5, 6, 8, 10, and 12. SFM will be conducting hearing and vision tests on a school day to cover this requirement; the service is outsourced and parents are responsible for the fees, if applicable. Parents may submit hearing and vision records in lieu of this test within the required time frame listed above. If the child is absent on testing day, the family is required to get the testing done elsewhere and submit it within 120 days of enrollment. Pediatrician well visits are good options for this, as well as contacting Irving ISD for free testing (Irving residents only).

\_\_\_\_\_ (initial)

**Medical Information**

**I. Medical conditions and medications. Please note medical records are due June 30. A \$50 late fee will be charged for any enrollment or medical records received after August 1.**

Please note any medical conditions of which we ought to be aware. Please write SEVERE, if applicable. A doctor’s plan of action, with a Photo ID, will need to be submitted for SEVERE conditions.

Condition	Child 1:	Child 2:	Child 3:	Child 4:
Food Allergies	_____	_____	_____	_____
Drug Allergies	_____	_____	_____	_____
Other Allergies	_____	_____	_____	_____
Heart Problems	_____	_____	_____	_____
Physical Disability	_____	_____	_____	_____
Asthma	_____	_____	_____	_____
Respiratory	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Vision (glasses, contacts)	_____	_____	_____	_____
Hearing (hearing aid)	_____	_____	_____	_____

Please list all medications taken on a regular basis.

Medications	_____	_____	_____	_____
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**II. Immunization record.** To fulfill state requirements, please check the appropriate box or boxes.

- I have provided St. Francis with a copy of my child(ren)’s most current immunization record for each child.
- I am excluding my child(ren) from Texas immunization requirements for reasons of conscience (including religious belief). I have attached an official notarized affidavit using the form developed and issued by the Department of State Health Services for each child. I understand that this affidavit is valid for two years.
- One or more of my children are medically exempt from state immunization requirements because the immunization poses a significant risk to his/her/their health. I have attached a letter from a physician to this effect per child.

Please see the “Texas Minimum State Vaccine Requirements” for detailed information on requirements and exemptions.

**III. Medical examination.** The state requires one of the following methods of documentation that each child has received a medical examination in the past year—**dated on or after August 1, 2022.** (If your child has had a well visit since then, a signed doctor statement from the date of that visit will suffice; you need not wait until the next well visit. The doctor should mail one to you without an additional visit.)

- Healthcare professional’s statement:* I have examined the above-named child(ren) within the past year and find that he/she/they are able to attend St. Francis Montessori.

\_\_\_\_\_ Date

Healthcare Professional’s Signature

- A signed and dated copy of a healthcare professional’s statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization to which I adhere or of which I am a member; I have attached a signed and dated affidavit stating this.

**Emergency Care and Release of Liability**

**Physician and insurance**

Doctor or Medical Practice		Phone	Address	
Health Insurance Provider	Phone	Insurance ID	Group Number	

**Permission for emergency care**

St. Francis Montessori has my permission, in case of an emergency when I cannot be contacted, to take my child(ren) to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

\_\_\_\_\_ (initial)

**Release of Liability**

I agree to waive, release and discharge St. Francis Montessori, its administration, teachers, employees, and all successors, assigns, devisees, or representatives of any and/or all of the above-mentioned parties, from any and all claims which may arise on behalf of my child while my child is participating or engaged in school-related activities on or not on property owned, leased or used by the school.

I further acknowledge and agree that all medical, hospital, and other expenses which may be incurred by me or any person in my behalf, in connection with any incidents or accidents out of which the above-mentioned claims may arise, will become and are my/our sole obligation, and the parties herein discharged are released and discharged of any and all liability therefore.

\_\_\_\_\_ (initial)

**Emergency Contact and Child Pick-Up Release**

**Parents.** Please provide contact information here so that we will have all our emergency information on one page.

Father's Name		Home Phone	Business Phone	Cell Phone
Mother's Name		Home Phone (if different)	Business Phone	Cell Phone

**Others.** Please list other persons (a) whom we may contact in case of emergency if you are not available, and/or (b) who are authorized to pick up your child(ren) after school.

<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up	Name	Phone	Relation
	Address		
<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up	Name	Phone	Relation
	Address		
<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up	Name	Phone	Relation
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<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up	Name	Phone	Relation
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	Address		
<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up	Name	Phone	Relation
	Address		

**Signature**

I affirm that the information I have provided on this form is correct to the best of my knowledge, and I agree to all the provisions contained therein.  
 My non-refundable enrollment fee is enclosed (see pg. 1, "Intent to Enroll").

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Nondiscriminatory policy**

St. Francis Montessori is a nonprofit corporation dedicated to Montessori education. St. Francis admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, or other school administered programs.