

Flowers Montessori School  
3111 Northwest 31st Avenue, Gainesville, Florida 32605  
Phone:(352)376-4700 Fax: (352)372-7383 e-mail: flowers3111@bellsouth.net  
www.flowersmontessori.com

## Application for Admission 2010/2011 School Year

Date: \_\_\_\_\_

This application is hereby made for admission of : \_\_\_\_\_  
as a student in Flowers Montessori School for the entire 2010/2011 academic year.

My child will attend:

Full Day Program, 8:30 a.m. - 2:30 p.m \_\_\_\_\_

Half Day Program, 8:30 a.m.- 11:30 a.m \_\_\_\_\_

Date of Birth:     /     /  
Child's age as of Sept. 1st, 2010

Gender: \_\_\_\_\_  
Years: \_\_\_\_\_ Months: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Persons to be notified in case of illness or accident:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_

**Allergies:**

**Flowers Montessori School**  
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Persons permitted to remove child from school:

Mother:      Yes \_\_\_\_\_                  No \_\_\_\_\_

Father:        Yes \_\_\_\_\_                  No \_\_\_\_\_

Name: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Child's previous school: \_\_\_\_\_

Do you give Flowers Montessori School permission to contact your doctor or dentist in case of emergency when parents or guardian may not be contacted? \_\_\_\_\_

**Registration and Materials Fee:**      The registration and materials fee is \$250.  
This fee is non-refundable and should be included with the application.

**Forms that must be submitted prior to first day of attendance:**

- 1) Children & Families Child Care Application for Enrollment
- 2) Immunization form (Available from Doctor)
- 3) 3040 form (Available from Doctor)

Parents/guardians must read the Child Abuse Pamphlet and the Flowers Montessori School Disciplinary policy.

**Admissions Policy**

Flowers Montessori School admits students of any race, color, religion, sex, nationality and ethnic origin. Flowers Montessori School does not discriminate on the basis of race, color, religion, sex, nationality and ethnic origin in the administration of any of its policies or programs. Admissions are based upon the space available.

**Disciplinary Procedure**

Upon disruption, the child will be asked to remove himself/herself from the group. A thinking chair is provided for the child to contemplate his/her action. When the child feels ready to participate, he/she will be welcomed back to the group. If further disciplinary action is necessary we will immediately contact the parents. It is our goal to keep constant communication with our parent body.

**Calendar**

\*\*\*Our calendar is based upon the Alachua County School Board calendar with some notable exceptions. We reserve the right to make any changes to the schedule as necessary. We will attempt to give prior notice for any adjustments, however, we cannot be held responsible for schedule changes due to weather related issues or other unforeseen circumstances.

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## TUITION CHARGES FOR THE 2010/2011 SCHOOL YEAR

**Full Day Program** \$6,000  
Monday - Friday  
8:30 - 2:30

Tuition payments are made in 10 equal installments of \$600 due on the first of each month beginning August 1st, 2009.

**Half Day Program** \$5,000  
Monday - Friday  
8:30 - 11:30

Tuition payments are made in 10 equal installments of \$500 due on the first of each month beginning August 1st, 2010.

**Before school childcare** from 7:30 a.m. to 8:30 a.m is a free courtesy provided to all Flowers Montessori families.

**After School Adventure** is available from 2:30 p.m to 5:30 p.m at the rate of \$3.50 per hour.

Flowers Montessori School is open daily from 7:30 a.m. to 5:30 p.m.



## TUITION CONTRACT

I, \_\_\_\_\_ understand the tuition terms for the 2010/2011 school year  
(Parent's name)

for my child, \_\_\_\_\_ states that the registration/materials fee is  
(Child's name)

non-refundable if I withdraw my child. I also understand that I am responsible for the remaining tuition installments due through the end of May, 2011 if I withdraw my child before that time. Late Fees: A late fee of \$25.00 will be assessed if monthly installment has not been received by the 10th of each month unless prior arrangements have been made.

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Parent Signature

Date