

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

## Application for Admission 2024/2025 School Year

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

This application is hereby made for admission for the entire 2024/2025 academic year.

Child's Name: \_\_\_\_\_

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:     /     /                      Gender: \_\_\_\_\_

Child's age as of Sept. 1st, 2024                      Years: \_\_\_\_\_ Months: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pickup Permitted:     YES                      NO

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pickup Permitted:     YES                      NO

Siblings names and ages: \_\_\_\_\_

\_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Dentist's Phone: \_\_\_\_\_

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? \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Additional contact permission:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact            YES            NO

Pickup Permitted            YES            NO

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact            YES            NO

Pickup Permitted            YES            NO

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact            YES            NO

Pickup Permitted            YES            NO

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## TUITION CHARGES FOR THE 2024/2025 ACADEMIC YEAR

**Full Day Program** \$11,600  
Monday - Friday  
8:30 - 2:30

Tuition payments can be made in 10 equal installments of \$1160 due on the first of each month beginning August 1st, 2024 and ending May 1st 2025.

**Half Day Program** \$10,600  
Monday - Friday  
8:30 - 11:30

Tuition payments can be made in 10 equal installments of \$1060 due on the first of each month beginning August 1st, 2024 and ending May 1st 2025.

### **Enrollment and Materials Fee:**

The enrollment fee is \$600.

This fee is non-refundable and due with your application.

Materials fee is \$525 for full day students and \$500 for half day students.

This fee is non-refundable and is due June 1st, 2024.

**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 \$7.00 per hour. Any child picked up after 5:30 p.m. will be charged at the rate of \$1.00 per minute.

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 2024/2025 school year  
(Parent's name)

for my child, \_\_\_\_\_ states that the enrollment and materials fees are  
(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, 2025 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 7th of each month unless prior arrangements have been made.

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Parent Signature

Date

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

- 1) Children and Families Child Care Application for Enrollment  
[http://ccrain.fl-dcf.org/\(X\(1\)\)/documents/6/97.pdf#page=1](http://ccrain.fl-dcf.org/(X(1))/documents/6/97.pdf#page=1)
- 2) Immunization form (Available from Doctor)
- 3) 3040 form (Available from Doctor)
- 4) "The Flu" A Guide for Parents  
<http://ccrain.fl-dcf.org/documents/7/352.pdf#page=1>

**Review the following Florida of Department of Children and Families forms:**

[www.myflfamilies.com/service-programs/child-care/brochures-facts-progress.shtml](http://www.myflfamilies.com/service-programs/child-care/brochures-facts-progress.shtml)

Revisit this website in August and September to review current year updates.

- 1) Influenza Virus Brochure
- 2) Know Your Childcare Facility
- 3) Child Abuse Pamphlet

**Review the Flowers Montessori School Disciplinary policy**

**I give Flowers Montessori School permission to apply: (Circle yes or no)**

Sunscreen      YES      NO

Insect repellent      YES      NO

**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.

**Calendar**

Our calendar is based upon the Alachua County School Board calendar with some 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.

I hereby certify I have reviewed all documentation listed above:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

# PERMISSION FOR FOOD RELATED ACTIVITIES AND SPECIAL OCCASION FOOD CONSUMPTION

Pursuant to 65C-22.005(1)©2., F.A.C licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as:  
classroom cooking projects, gardening, school wide celebrations and birthdays.

I, \_\_\_\_\_ give/decline (circle one) permission  
as a stude (Parent's name)

for my child, \_\_\_\_\_ to participate in food related activities  
(Child's name)  
and special occasions wherein food is consumed.

Please provide the following: (Check One)

\_\_\_\_\_ My child does NOT have a food allergy or dietary restriction. YES they may participate!

\_\_\_\_\_ My child does NOT have a food allergy or dietary restriction. THEY MAY NOT participate.

\_\_\_\_\_ YES my child DOES have a food allergy or dietary restriction. He/She MAY NOT participate!

\_\_\_\_\_ YES my child DOES have a food allergy or dietary restriction.  
He/She may participate in activities, but may not eat or handle the following items:

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\_\_\_\_\_ YES my child DOES have a food allergy or dietary restriction.  
He/She MAY NOT participate! All foods must be from home only!

I understand it is my responsibility to update this form in the event that my decision for permission changes.  
I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date