



ORLANDO MONTESSORI
BILINGUAL ACADEMY

APPLICANT'S
PICTURE
HERE

REGISTRATION FORM

61 South Dean Road, Orlando, Florida 32825 | P 407.482.2370 | F 407.384.0245 | info@orlandomontessori.com

Program: Check one from below

____ Pre-School

____ VPK

____ Kindergarten

____ Grade (1-6)

Schedule: Check one from below

____ 5 Day Program 8:30am-3pm

____ 5 Day Program 7am-6pm

Child's Name: _____
Last First Middle

Gender: ___ M ___ F DOB: _____ Place of Birth: _____ Citizenship: _____

Home Address: _____
Street City State Zip

Mobile: _____

Mobile: _____

FAMILY INFORMATION

Mother's Name _____

Date of Birth _____

License Number _____

Mobile Number _____

Address _____

City, State, Zip _____

FAMILY INFORMATION

Father's Name _____

Date of Birth _____

License Number _____

Mobile Number _____

Address _____

City, State, Zip _____

EMPLOYER INFORMATION

Employer _____

Address _____

Work Phone _____

E-Mail _____

E-Mail address you would like all school information sent

EMPLOYER INFORMATION

Employer _____

Address _____

Work Phone _____

E-Mail _____

E-Mail address you would like all school information sent

With whom does the student live with? _____ Name of Step Parent: _____

Are parents separated? ____ Yes ____ No If yes, who has legal custody? _____

Proof of custody is required if child does not live with natural parents.

Who is financially responsible for the student? _____

APPLICANT'S SIBILINGS

Name	Age	School Attending	Grade
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_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
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How did you hear about **Orlando Montessori Bilingual Academy**? _____

Has your child attended any other schools/centers? ____ Yes ____ No

If yes, name of school attended _____

Does your child have any medical conditions? ____ Yes ____ No

If yes, please list _____

If the applicant has a disability and would like to request accommodations in the admission process, please explain here. **(Documents from a qualified professional must either be enclosed with this application or sent directly to the school admissions office.)** _____

Do you have any special abilities or hobbies you would like to share with our students? ____ Yes ____ No

PERSONS PERMITTED TO REMOVE YOUR CHILD FROM SCHOOL

Name _____

Address _____

Phone _____

Relationship to the child _____

Name _____

Address _____

Phone _____

Relationship to the child _____

Name _____

Address _____

Phone _____

Relationship to the child _____

Name _____

Address _____

Phone _____

Relationship to the child _____

Name _____

Address _____

Phone _____

Relationship to the child _____

Name _____

Address _____

Phone _____

Relationship to the child _____

AUTHORIZATION FORM

Photographs may be taken of my child for educational purposes on our school Facebook and Instagram account.

_____ Yes _____ No

My child may join the extended day program when necessary. _____ Yes _____ No

I will provide my child with a daily nutritional lunch. _____ Yes _____ No

I, _____, understand the **NONDISCRIMINATION POLICY** of **Orlando Montessori Bilingual Academy, Inc. "OMBA, Inc."**, does not discriminate in admission or access to our treatment or employment in its program and activities on the basis of race, color, religion, age, gender, national origin, marital status, disability or any other reason prohibited by law." Also included is the prohibition of using discipline which is severe, humiliating, frightening, or associated with food, rest or toileting. Spanking or any other form of physical punishment is prohibited by all child care personnel.

Parent/Guardian Signature

Date

MEDICAL ALERT

Known Allergies _____

MEDICAL INFORMATION

Preferred Physician _____ Phone _____

Address _____

PERMISSION FOR EMERGENCY TREATMENT

If my child, _____, should become ill or injured at **OMBA, Inc.**, I understand that I shall be contacted immediately and/or the person(s), that I have designated if I cannot be reached.

If **OMBA Inc.** is unable to reach me or the designated person(s), **OMBA, Inc.** is authorized to contact my child's physician and/or arrange for immediate emergency treatment.

I, the parent/guardian, further understand and authorize **OMBA, Inc.** in the event it becomes necessary to arrange for the emergency medical transportation of my child in order to receive any required medical care. I further acknowledge and agree that the cost or expense for such emergency medical transportation shall be my sole responsibility and that I will indemnify and save **OMBA, Inc.** from any and all such emergency medical transportation cost or expense.

Parent/Guardian Signature

Date

- I certify that I have received a copy of the **OMBA, Inc.** Parent Handbook. I will abide by the rules and regulations of **OMBA, Inc.**
- I understand, in the event of withdrawing my child from **OMBA, Inc.** a 30 day written notice is required, stating the reason of withdraw. Tuition for the remaining year will be due and payable until such notice is received and for 30 days thereafter.
- Termination of services can be found in the Parent Handbook.
- I understand, that I have 45 days prior to the first day of school to make any changes to my child's chosen school program. If notice is not received 45 days prior, I will be responsible for the tuition of the program that was chosen for the first months tuition.
- I understand, section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. Failure to do so will lead to termination of services.
- I understand, section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the provider.
- Section 10M-12.008 (2) F.A.C. requires that parents must receive a copy of the Child Care Facility Brochure, "Know Your Child's Day Care Center." The parents or legal guardian's signature verifies receipt of the child care center brochure.
- If your child has a severe allergy, **OMBA** will make all necessary arrangements for your child's safety.
- I give permission to all OMBA staff members to access my child's school file when ever needed.
- I understand I must provide my child with a nutritious lunch that meets the USDA Guideline for nutritional adequacy.

Parent/Guardian Printed

Parent/Guardian Signature

Date

Office Use Only:

Date Registration Form was received:

Registration & Activities Fee:

Amount Paid: _____ Date: _____

Check #: _____ or Cash: _____

Required Enrollment Forms:

OMBA Contract: _____

Physical Examination: _____

Vaccination Form: _____

Copy of Birth Certificate: _____

Student's Start Date: _____



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BILINGUAL ACADEMY

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I, _____, Parent/Guardian of _____, do hereby acknowledge and agree to adhere to the following policies of Orlando Montessori Bilingual Academy, Inc. (OMBA).

1. _____ The above named student is enrolled for one school year (**No credits for absences or time off unless 30 day withdrawal notice in writing is given to OMBA**).
2. _____ I understand that the registration and activities fee are nonrefundable and valid for one year. (Fee's do not include textbooks or field trips)
3. _____ I agree to pay \$_____ every ___4 weeks or ___2 weeks. I understand that a late payment fee of \$40.00 will be added to my account after the third day of each scheduled payment. (Please refer to your tuition schedule sheet)
4. _____ I understand that I cannot add or reduce days or times my child attends school, unless requested in writing and approved by OMBA admin 30 days in advance.
5. _____ I am aware that tuition is an annual fee divided in equal payments throughout the school year. Payments are due by the due dates posted on the tuition schedule sheet.
6. _____ I understand my child must be in compliance with the school uniform policy. Any violations will be subject to a \$10 fine.
7. _____ If my child is participating in the VPK program, I understand that my child will attend 180 school calendar days, 3 hours a day, for 10 months. Please refer to the VPK OMBA calendar for school closings.
8. _____ VPK Students: Students participating in the VPK extended OMBA program will have a discounted tuition. (Please refer to the VPK tuition sheet) I understand that it is my responsibility for payment of extended hours in school. I also understand that the tuition for VPK is for 180 days. Any other extra days needed will be requested to the school and paid accordingly. Any holidays or breaks are not part of the VPK tuition. (Fall/Winter/Spring break are not included in the school tuition)
9. _____ Elementary Students: I understand that the tuition for Elementary is for 180 days. Extra days needed will be requested to the school and paid accordingly. Holidays or breaks are not part of the Elementary tuition. (Fall/Winter/Spring break are not included in the school tuition)
10. _____ I have received a payment schedule that notes when payments are due and agree to adhere to it.
11. _____ When a payment due date falls on a holiday or a weekend, payment will be made the last weekday before the due date. If paid after the third day of scheduled due date a late payment fee of \$40.00 will be added to the account.
12. _____ I understand and agree that tuition must be paid online utilizing the link provided through my invoice. (*You must have a checking and routing number.) OMBA will not accept checks or cash.
13. _____ There is **no credit** for absences or holidays. Attendance cannot be switched for other days in order to make up for lost days.

14. _____ If payment is not received by the end of the tuition grace period, OMBA, Inc. reserves the right to withdraw your child until such account is brought up to date. Late fees will be added and a 5% monthly interest rate will be charged on a monthly basis until the account is brought up to date. A report will be submitted to a collection agency.
15. _____ If payment is not received in a timely manner (not to exceed 60 days), a judgment will be filed in the Orange County Court and submitted to a collection agency.
16. _____ In the event it shall become necessary to collect an outstanding debt, the undersigned agrees to pay all cost hereof including all attorney's fees.
17. _____ In the event of withdrawal, OMBA, Inc. must be notified within 30 business days prior to withdrawal stating reason. Tuition for the remaining school year will be due and payable until such notice is received and for 30 school days thereafter.
18. _____ Parents of students participating in the VPK wrap around program (attending more than the 3 VPK hours) are required to provide a 30 day notice in writing of withdrawal of the program. Tuition for the remaining school year will be due and payable until such notice is received and for 30 days thereafter.
19. _____ If in the opinion of OMBA administration, a student who indicates by their behavior that they are not ready or adaptable for a Montessori program, they will be withdrawn. Future re-admittance shall be at the discretion of OMBA admin. In the event of withdrawal, any prepaid tuition beyond the date of termination of enrollment will be refunded.
20. _____ I understand that there is a graduation fee for VPK and Kindergarteners. Graduation is optional.
21. _____ I agree to download and use the OMBA app for sign in and out and all other school related information.
22. _____ I understand that it is my responsibility to sign my child in and out everyday using using my OMBA APP. VPK and 4C students agree to sign any other required attendance forms mandated by the Early Learning Coalition and by DCF.
23. _____ I understand that there is no grace period for late pick up. A fee of \$5.00 per 5 minute intervals will be assessed after 3pm or 6pm depending on your child's schedule.
24. _____ In the event of destruction of school property (classroom materials) by the child, an invoice will be generated and the parent will reimburse OMBA Inc. for the replacement of the said material.
25. _____ OMBA Inc. reserves the right to change or revise any policies pertaining to the operation of the school at any time.
26. _____ Over the counter medication **will not** be administered by the teacher at any time, unless prescribed by a doctor and a signed authorization form is on file. Medicine **must** be in its original container and original label.
27. _____ I understand that I am required to bring in a current physical examination and immunization record within 30 days of enrollment and keep these records up to date as expiration dates occur. Failure to comply will result in student suspension until forms are up to date. Tuition will still be due during suspension.
28. _____ I have read and understand OMBA's disciplinary policy.
29. _____ I certify that I have read and received the parent handbook
30. _____ I understand the conditions of this Enrollment Contract.

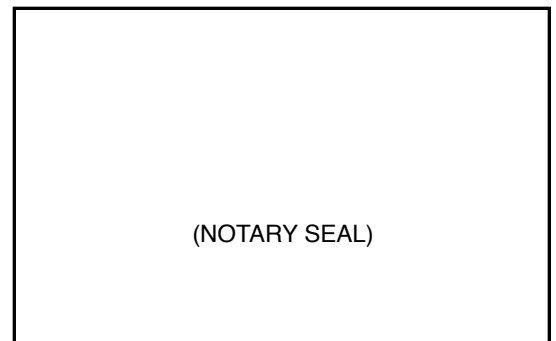
STATE OF FLORIDA COUNTY OF _____

Dated this _____ day of _____,
20_____

by _____ My commission expires _____.

Parent Signature: _____ Date: _____

Notary Signature: _____ Date: _____



(NOTARY SEAL)

