



Bellevue Montessori School

VPK APPLICATION FOR ENROLLMENT 2026-2027 SCHOOL YEAR

Child's Name (please print clearly): _____ Enrolment Date _____

Please read each statement below and sign at the bottom of this agreement. Return this form at the time of enrollment.

I, _____, confirm that I have been provided a copy of the Preschool Parent Handbook and have reviewed the policies and procedures outlined within. I agree to abide by all school policies, including but not limited to:

- Admission and withdrawal
- Schedule of operation
- Tuition and fees
- Late pick-up fees
- Typical daily routine
- Program philosophy
- Food provided by the parent
- Child illness
- Notification procedures for accidents, injuries, and incidents
- Discipline policy/exclusion policy
- Volunteer policy

Select Your Program

Florida Free VPK

\$0.00/month — 5 Days/week (3:15 PM – 6:00 PM)

Florida Free VPK with Wraparound service

\$1,064.00/month — 5 Days/week (7:00 AM – 6:00 PM), Extended-Day Montessori

\$794.00/month — 5 Days/week (8:00 AM – 3:00 PM), Full-Day Montessori

\$659.00/month — 5 Days/week (8:00 AM – 12:00 PM), Half-Day Montessori

Payment Policy

- Monthly tuition for the Wraparound program must be paid in full by the 25th day of the preceding month. If the 25th falls on a weekend, payment is due the next business day.
- Invoices are not mailed.
- Accepted payment methods:
 - Online via <https://schools.procareconnect.com>
 - ProCare app
 - Check or cash
- A \$50 late fee will be added to any balance not paid by the due date.
- If full payment is not received before the first of the month, the child may not attend the Wraparound program until the account is paid in full.
- Accounts 15 days past due will be referred to a collection agency.

Attendance, Absence & Tuition Continuity Policy

Tuition is based on enrollment and the reservation of a child's space in the program, not on daily attendance. By enrolling, families secure an ongoing placement, which prevents that space from being offered to another child. Full tuition is required regardless of attendance. Tuition will not be reduced, prorated, credited, refunded, or transferred due to:

- Family vacations or planned travel
- Child illness or quarantine
- Family emergencies
- Absences for any reason
- Holidays or temporary school closures are already outlined in the school calendar
- Weather-related closures or other circumstances beyond the school's control

The school does not provide make-up days, credits, or tuition adjustments for missed time once a tuition period has been paid or reserved. Payment of monthly tuition guarantees that the child's placement remains reserved and available upon return.

Withdrawal Policy

- Written notice is required to withdraw a child from the program.
- The withdrawal becomes effective one (1) calendar month after the notice is received by the school office.
 - Address: 9601 US-441 Hwy, Belleview, FL 34420

Pick-up & Late Policy

- Children must be picked up no later than 12:00 PM, 3:00 PM, or 6:00 PM based on the enrolled program schedule.
- A late pick-up fee of \$1.00 per minute applies after the scheduled pick-up time.

Food Policy

- Half-Day Program: Parents must provide a labeled healthy snack daily.
- Full-Day Program: Parents must provide a labeled lunch and one snack daily.
- Extended-Day Program: Parents must provide a labeled lunch and two snacks daily.

Emergency Medical Consent

- In case of non-life-threatening injury, parents will be notified immediately.
- For life-threatening emergencies, I authorize Belleview Montessori School to call 911 for emergency medical treatment. Parents will be notified as soon as possible.

By signing below, I acknowledge that I have read, understood, and agreed to all the terms, policies, and tuition rates outlined in this agreement and the Parent Handbook.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

DOCUMENT ACKNOWLEDGMENT FORM

Child's Name: _____

Date of Enrollment: _____

As part of the enrollment process at **Belleview Montessori School**, and in compliance with the Florida Department of Children and Families (DCF) regulations, I acknowledge and confirm the following:

REQUIRED MEDICAL FORMS

I understand that I must submit the following forms to the school within **30 days of enrollment**:

- Florida Department of Health **Physical Examination Form (DH 3040)**
 - Florida Department of Health **Immunization Record (DH 680 or DH 681)**
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RECEIPT OF REQUIRED BROCHURES

I have received, read, and understand the following brochures provided by Belleview Montessori School:

1. **Know Your Child Care Facility (CF/PI 175-24)**
2. **Distracted Adult**
3. **Influenza Virus: A Guide for Parents**

I understand that these brochures contain important safety and health information related to childcare and parental responsibilities.

SIGNATURE OF ACKNOWLEDGMENT

By signing below, I acknowledge receipt and understanding of the above information and agree to comply with the stated requirements.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____