



Bellevue Montessori School

TODDLER APPLICATION FOR ENROLLMENT

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

- ☐ \$1,400.00/month — 5 Days/week (7:00 AM – 6:00 PM), Monday–Friday
- ☐ \$980.00/month — 3 Days/week (7:00 AM – 6:00 PM), Mon/Wed/Fri
- ☐ \$700.00/month — 2 Days/week (7:00 AM – 6:00 PM), Tue/Thu
- ☐ \$1,120.00/month — 5 Days/week (8:00 AM – 3:00 PM), Monday–Friday
- ☐ \$784.00/month — 3 Days/week (8:00 AM – 3:00 PM), Mon/Wed/Fri
- ☐ \$560.00/month — 2 Days/week (8:00 AM – 3:00 PM), Tue/Thu
- ☐ \$980.00/month — 5 Days/week (8:00 AM – 12:00 PM), Monday–Friday
- ☐ \$686.00/month — 3 Days/week (8:00 AM – 12:00 PM), Mon/Wed/Fri
- ☐ \$490.00/month — 2 Days/week (8:00 AM – 12:00 PM), Tue/Thu

Payment Policy

- A non-refundable annual registration fee of \$50.00 per child is due at the beginning of each school year.
- Monthly tuition 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 school until the account is paid in full.
- Accounts 15 days past due will be referred to a collection agency.
- No credits or refunds for missed days due to illness, travel, emergencies, or weather.

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 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 **Bellevue 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 Bellevue 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: _____