



**Miami Gardens Montessori**  
 18690 NW 2<sup>nd</sup> Avenue, Miami, FL 33169  
**Tuition Rates 2022-2023**

[infomgm@mail.com](mailto:infomgm@mail.com)

[www.miamigardensmontessori.com](http://www.miamigardensmontessori.com)

**305-974-2063**

**Monday - Friday**

**6:00am to 6:30pm**

		<u>Amount</u>
<b>Registration</b>		\$225.00 per child \$250.00 per family
<b>Annual Curriculum / Book Fee</b>		\$200.00 per child \$225.00 per family
<b>Toddlers &amp; Explorers</b>	<b>Ages: 12 months (Walking) – 6 years</b>	\$190.00 (weekly) \$380.00 (bi-weekly) \$760.00 (monthly)
<b>VPK (9:00 am - 12:00 pm)</b>		Free - ELC Tuition Reimbursement Program
<b>VPK - Extended (6:00am - 9:00am &amp; 12:00pm-6:30pm)</b>		\$250.00 (Bi-Weekly)
<b>Mandatory Uniforms</b>		\$15.00 per. Shirt (5 Shirts for \$75.00)
<b>Before Care / After Care</b>		\$65.00 (weekly)

\*Siblings Discount: 10% for the second child on full time basis only



**Payment of tuition and additional fees:**

1. Tuition must be paid Bi-weekly on every other Monday. If you select to pay tuition monthly it must be paid by the 5<sup>th</sup> of each month to avoid late fees. A **LATE FEE** of **\$30.00** will be charged if tuition is not paid on Monday or by the 5<sup>th</sup> of the month for parents paying monthly. **Students will not be allowed to attend school if tuition and late fees are not paid in full by Wednesday or the 5<sup>th</sup> of the month. (NOTE: Advance monthly payments are accepted.)**
2. There will be no credit for school schedule holidays or missed days/sick days. Tuition is due regardless of absence; tuition will not be pro-rated. Tuition balance must be current in order for your child to attend school.
3. **We accept cash, debit cards and money orders ONLY.**
4. It is mandatory to sign your child in and out on a daily basis.
5. Parents are responsible to notify the school of any changes (address, telephone, contact, etc. pertaining to the child.
6. In the event that a child is not picked up by 6:30 P.M; there will be a late pick up fee due of **\$10.00** and **\$1.00 per minute** thereafter until child is picked up. **Late Fee is due when child is picked up.**
7. Parents having difficulty making it to school by 6:30pm will need to make alternative arrangements and notify the administration accordingly. **NOTE: Even if notified, late fee is still applied.**
8. Parents must give a **two-week written notice** of any cancellation or change in the child's attendance.

I, \_\_\_\_\_ have received in writing the tuition practices used by this facility.

\_\_\_\_\_  
Signature of Parent or Guardian

Name of Child \_\_\_\_\_

Date \_\_\_\_\_



## School Year 2022 - 2023

## Enrollment Package Checklist

Child Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

	ITEMS	NOTES	RECEIVED BY	DATE
	REGISTRATION FEE (Non-Refundable)-			
	TUITION FEE SHEET			
	REGISTRATION PACKET FORMS ✧ Emergency Contact ✧ Policy and Agreement Form ✧ Health Information Form			
	MEDICAL AUTHORIZATION & CONSENT FOR TREATMENT			
	FOOD PROGRAM FORMS			
	MY PROCARE/TUITION EXPRESS FORM			
	INFLUENZA brochure			
	KNOW YOUR CHILD CARE FACILITY			
	EMERGENCY DATA CARD			
	BIRTH CERTIFICATE of Child	To be provided by parent/guardian		
	PARENT/GUARDIAN PICTURE ID	To be provided by parent/guardian		
	IMMUNIZATION RECORD (Blue or White)	Obtain this from the Pediatrician		
	HEALTH EXAM RECORD (Yellow)	Obtain this from the Pediatrician		



## **2022-2023 POLICIES AND PROCEDURES**

**HOURS OF OPERATION:** Miami Gardens Montessori is open Monday through Friday from 6:00 A.M. until 6:30 P.M. If you are late, a staff will be required to stay late and care for your child. A fee of \$10.00 for the first minute, then \$1.00 each additional minute will be charged. If the school is not contacted by 6:30 P.M., we are required by law to contact the local police department and Child Licensing and Enforcement.

**All students must arrive to school on/or before 9:00am. If a child arrives after 9:00am and does not have proper documentation and advance notice was not given, we will ask that the child be returned home. Arriving late disrupts the learning environment.**

**REGISTRATION AND TUITION:** A non-refundable registration fee of \$225.00 per child or \$250.00 per family is due upon registration and every school year thereafter. A \$200.00 (\$225.00 per family) curriculum fee is charged at the time of registration and every school year thereafter. Tuition must be paid in advance on the 1<sup>st</sup> of the Month or bi-weekly on Monday's (please see attached tuition schedule). If tuition is not received by the close of Monday, a \$30.00 late fee will be added to your account. Your child may not return to school for the following week unless tuition AND all late fees have been paid. Payments are accepted in the form of on-line payment, credit card or money order. **THERE WILL BE NO CREDITS APPLIED FOR SCHOOL SCHEDULED HOLIDAYS, SICK DAYS, PERSONAL VACATION TIME AND EMPLOYEE PLANNING DAYS.**

**TUITION IS DUE REGARDLESS OF ABSENCE. REGISTRATION FEES, CURRICULUM FEES AND TUITION PAYMENTS ARE NOT REFUNDABLE.**

**VACATIONS:** With Four weeks advance WRITTEN notice, Miami Gardens Montessori will approve One weeks of vacation per calendar year for children whom have been enrolled for one consecutive year.

**NUTRITION PLAN:** Miami Gardens Montessori provides a nutritional breakfast for your child between 7:30 A.M. to 8:30 A.M., a hot lunch and afternoon snack will be provided as well. A monthly food menu is posted on the "Parent Resource Board" in the entrance area of the school. Upon enrollment, please notify the Director and the teacher of any food allergies or restrictions your child may have. If your child has allergies to any food, you are responsible to bring an alternative meal for your child. In addition, an allergy form must be filled out if your child will not be receiving meals. Miami Gardens Montessori will not heat up any meals brought from home for children over the age of 2 years. In order to avoid disruption during class time, we ask that you do not bring your child in with any food after 8:30 A.M. Please do not allow your child to bring soups, gum, candy, soda or any "junk food" to school.



**HEALTH FORMS:** Current immunization records (blue form), as well as physical examination (yellow form) must be provided before enrollment. Even though the school will remind you about any expired form that needs to be updated, it is the parent's responsibility to keep their child's file current. Children with expired forms will not be allowed to attend school until a new form is provided.

**MEDICATION:** Miami Gardens Montessori WILL NOT administer any liquid medication. The only medication that we will administer will be Asthma pumps and EPI pens as needed. Each parent must complete a medication authorization form.

**Medication is never kept in the classroom, please do not send medication in your child's bag or containers.**

**ADMISSIONS PROCEDURE:** When visiting Miami Gardens Montessori, you will see a clean and inviting facility, view the curriculum, and meet our excellent and highly qualified staff. At the time of visitation, we will give you information on curriculum, programs, tuition and fees, as well as more detailed information about the school. Enrollment applications are accepted on an on-going basis. Admission priority is given to families with siblings already enrolled.

**We do reserve the right to discontinue enrollment, without prejudice for any student(s) that does not meet or uphold the standards of the Montessori program.**

**HOLIDAYS:** We observe the following holidays:

- |  |   |
|--|---|
| 1. Memorial Day                            | 6. Christmas Eve (Closed)                                   |
| 2. Juneteenth                              | 7. Christmas Day  |
| 3. Independence Day                        | 8. New Year's Eve (Closed)                                  |
| 4. Labor Day                               | 9. New Year's Day   |
| 5. Thanksgiving Day and the day after Days | 10. Monthly Teacher's Planning (Please see School Calendar) |
|  | 11. Martin L. King Jr. Day                                  |

**ILLNESS POLICY:** Children with upper respiratory infections, rashes, diarrhea, inflamed eye, impetigo (head lice, etc.), gastrointestinal symptoms and illnesses that can be spread to others by close contact, will NOT be permitted into the center. In order for your child to return to the center, a written statement from an examining physician indicating that the condition is NOT contagious must be provided. Should a child become ill after arrival, the parent will be required to remove the child as soon as possible. **(If the child's mucus is green or dark colored, the child will be sent home and cannot be brought back without doctor's clearance)**



**Parents will be called to make arrangements for the child to be taken home if:**

- a. **The child develops a fever over 100**
- b. **Has diarrhea and or vomiting**
- c. **The child has a sudden onset of a rash**
- d. **Develops an eye irritation**
- e. **Has symptoms of possible communicable disease**
- f. **Has any discharge from the nose (green), eyes or ears**

**UNDER EXTREME CIRCUMSTANCES, TUITION CREDITS MAY BE GIVEN IF A STUDENT IS EXTREMELY ILL AND MISSES MORE THAN A WEEK OF SCHOOL. A DOCTORS NOTE MUST BE PROVIDED TO THE SCHOOL ON THE DAY THE CHILD IS CLEARED TO RETURN TO SCHOOL.**

**DROP OFF PROCEDURES:** The safety and security of your child is our primary concern. Upon arrival you must sign in to the electronic clock at the front desk using the code provided to you at the time of registration. You may also be required to sign your child in manually in one of the sign-in/out binder located at the reception desk if your child is enrolled in a State Program (VPK/SCHOOL READINESS).

**PICK UP PROCEDURES:** No child will be released to any person(s) other than the authorized parent, guardian, and those listed individuals on the registration form. A person(s) authorized to take the child from school must present a picture ID. Under no circumstances will a child be released to anyone without written authorization from the parent or guardian. No child will be released to anyone suspected of being intoxicated or impaired.

**PERSONAL BELONGINGS:** Miami Gardens Montessori does not allow children to bring personal belongings from home such as jewelry, toys, and electronic devices. Miami Gardens Montessori is not responsible for items brought to school, which are lost or damaged.

**DRESS CODE:** All children are required to wear mandatory uniforms. Polo shirts can be purchased from the school. The required bottoms must be khaki (skirt, pants, shorts, or dresses). In the interest of safety, sandals, flip flops, jellies, crocs or boots may not be worn to school. Each child must have an extra set of clothes (2 bottoms, 2 tops, socks and underwear) at school or in their book bag at all times.

**\*\*\*PLEASE LABEL ALL PERSONAL ITEMS\*\*\***

**TERMINATION:** Parents are responsible to notify the school in writing two weeks in advance if there is any change in their child's tuition, including but not limited to termination of enrollment. If you fail to comply with this policy, you will be charged two weeks termination fee.



***I have read, understand and agree to comply with the policies set forth by Miami Gardens Montessori, The State of Florida and Child Care Licensing.***

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**Signature of Parent or Guardian**

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**Date**

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**Print Name of Parent or Guardian**



## Registration & Enrollment Form

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Full Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Sex: M  F

### PARENT / GUARDIAN INFORMATION

Child lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Mother's Name: \_\_\_\_\_

If not mother state relationship: \_\_\_\_\_

Father's/Guardian Full Name: \_\_\_\_\_

If not mother state relationship: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

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

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

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Father's Address: \_\_\_\_\_

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

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

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_





**EMERGENCY CONTACT INFORMATION & AUTHORIZED PICK-UP**

**My child may be released only to the custodial parents or legal guardian and the persons listed below. The following people are authorized and may be contacted to remove the child from the facility in case of illness, accident or emergency, if for some reason the parent or guardian cannot be reached.**

**Person(s) to contact in case of emergency/Authorized to pick-up:**

1. Name: _____	2. Name: _____
Relationship to child: _____	Relationship to child: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____

**Other Person(s) Authorized to pick up child:**

1. Name: _____	Phone: _____
Relationship to child: _____	
2. Name: _____	Phone: _____
Relationship to child: _____	
3. Name: _____	Phone: _____

Has child been in school or has had previous experience away from home? Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_



**CHILD'S MEDICAL HISTORY**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Are your Child's immunizations up to date? Yes  No

If no please explain: \_\_\_\_\_

Does child have any known health problems? Yes  No  **(If yes attach documentation)**

Check (√) any of the following illnesses the child has had:

- |                                   |                                      |                                     |   |  |
|-----------------------------------|--------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Earaches    | <input type="checkbox"/> Mumps      | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis      |
| <input type="checkbox"/> Eczema   | <input type="checkbox"/> Pneumonia   | <input type="checkbox"/> Polio      | <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Frequent Colds  |
| <input type="checkbox"/> Croup    | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles    | <input type="checkbox"/> Influenza      | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Epileptic   | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Other: _____   |  |

Please list any injuries child has had: \_\_\_\_\_  
\_\_\_\_\_

Does you child have any know allergies? Yes  No  If yes, please list all known allergies and your child's reactions: \_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication on a regular basis? Yes  No  If yes please list the name of the medication(s) and the medical condition for which it is taken: \_\_\_\_\_  
\_\_\_\_\_

Please comment on any other medical information/ or special need the we should be aware of: \_\_\_\_\_  
\_\_\_\_\_



**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child should become ill or injured at Miami Gardens Montessori, I understand that a staff member will contact me immediately. I also understand that if I am unable to be contacted, they will contact the person(s) I have designated. Should a staff member be unable to reach me and/or the person(s) designated, they are authorized to arrange medical treatment.

The physician or medical facility are authorized to administer medical treatment necessary to ensure the health and safety of my child. I agree to be financially responsible for emergency medical payments due to services rendered to my child in case of emergency and illness or injury. I authorize Miami Gardens Montessori staff to obtain the following services for this child if necessary: Public Health Nurse, Physician and or Ambulance in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Signature of parent/guardian)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Signature of Staff)

- **Section 65-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 and 681) within 30 days of enrollment.**
- **Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or**
- **Section 65C-20.11 (2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).**
- **Section 65C-22.006(3)(c) 2., F.A.C., requires that parent(s) are notified in writing of the disciplinary practices used by the Child Care Facility, or**
- **Section 65C-22.010(6)(c), F.A.C., requires that a written copy of the family day care provider's discipline policy be available for review by the parent(s)**

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Parent/Guardian Name: \_\_\_\_\_

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



**MIAMI GARDENS MONTESSORI PRESCHOOL  
MEDICAL AUTHORIZATION & CONSENT FOR TREATMENT FORM**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

In the event that my child is hurt or injured and may require medical attention and/or surgery, it is recommended that the paramedics be contacted immediately. The paramedics will decide whether they can administer treatment at school or whether the child should be taken to the nearest hospital for emergency care. If the paramedic's team is not available, the police department should be called to request help. Or, the school may want to call a private ambulance to transport the child to the nearest hospital.

The consent for Treatment Form authorizes you to act on behalf of the parents by requesting that the hospital staff treat the child.

I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Child's Name	Birthday	Allergies/Existing Conditions	
_____	_____	_____	_____
_____	_____	_____	_____

Family Physician: \_\_\_\_\_ Telephone \_\_\_\_\_

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

\_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

Witness by

**\*\* Every effort will be made to notify the parents (guardian) immediately in case of an emergency.\*\***



**MIAMI GARDENS MONTESSORI PRESCHOOL  
DISCIPLINE POLICY**

We firmly believe that all young children need love, guidance and support while they are in the formative years. It is essential therefore, that caretakers understand clearly the principles of child growth and development. Discipline will be age appropriate, respectful, and never tied to food or toileting.

Inappropriate behavior can be changed by positively reinforcing appropriate behavior. Miami Gardens Montessori will use the following ways to manage your child’s behavior.

The following steps will be used for behavior modification:

- 1<sup>st</sup> – Children will be corrected and asked to change their behavior.
- 2<sup>nd</sup> – Children will be re-directed from situation
- 3<sup>rd</sup> – Parents will be contacted if behavior is not corrected.
- 4<sup>th</sup> – Children shall not be subjected to discipline which is severe, humiliating or frightening.
- 5<sup>th</sup> – Discipline shall not be associated with food, rest or toileting
- 6<sup>th</sup>- Spanking or any form of physical punishment is prohibited

**“OUR VALUES”**

- 1. We will always do what is best for each child**
- 2. We will always value parental involvement**
- 3. We will always value those who serve and care for children**
- 4. We will always value diversity**

I, \_\_\_\_\_ have received in writing the disciplinary practices used by this child care facility.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Child’s Name



**DIET/ ALLERGY RESTRICTIONS**

Child Name \_\_\_\_\_

Diet Restrictions: (if none, please write NONE)

\_\_\_\_\_

Allergies/Restrictions: (if none, please write NONE)

\_\_\_\_\_  
\_\_\_\_\_

Prescription Medication(s) Regularly Taken: (if none, please write NONE)

\_\_\_\_\_

Over-the- Counter Medications Regularly Take: (if none, please write NONE)

\_\_\_\_\_

\_\_\_\_\_  
Parents/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Staff Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Emergency Data Card		
Child's Name		Date of Birth
Parent Information		
Mother's Name		Work Phone
Address		Home Phone
Father's Name		Work Phone
Address		Home Phone
Emergency Contact		
Name		Daytime Phone
Address		
Name		Daytime Phone
Address		
Medical Contacts		
Physician		Office Phone
Address		
Dentist		Office Phone
Address		
Misc		
Last DPY	Weight	Allergies
Other Significant Medical Information, Including Medication		

**EMERGENCY DATA CARD**



## Photograph Authorization

At Miami Gardens Montessori, we take photographs of our children through the year during special and/or regular activities. The following are some examples of what we use our photographs for:

- Teaching Purposes
- Our Newsletter, Facebook, Instagram
- School Albums
- For Memories of Special Activities
- Display in Classroom and Bulletin Boards
- Encourage Self-Esteem

Please be aware that any photographs taken of your child/children are for the sole purpose and use of Miami Gardens Montessori, and any request for its use outside our school will be brought to your attention immediately.

I have read and understand the above statements, and I authorize my child/children to be photographed.

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Parent or Guardian Name (Print)

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Parent or Guardian Name (Signature)

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Date





## TUITION CONTRACT & SCHEDULE OF PAYMENTS

At the time of your child's enrollment, every school year thereafter, you will be asked to sign a tuition agreement. Please sign and return one copy. Keep the second copy for your reference.

**Tuition Payment Procedures:** Your child's tuition is a yearly fee, broken into monthly or bi-weekly fees for ease of payment. There are two programs from which you may choose.

**Bi-Weekly Tuition Payments:** Tuition is to be paid in full on every other Monday. If tuition is not paid by the end of the business day, a \$30.00 late fee will be charged.

**Monthly Tuition Payments:** Parents may pay their child's tuition on a monthly basis. If tuition is not paid by the 5<sup>th</sup> of each month, a \$30.00 late fee will be charged.

**VACATION AND SICKNESS PROCEDURES:** With TWO weeks advance WRITTEN notice, Miami Gardens Montessori will approve two weeks of vacation per calendar year for children whom have been enrolled for one consecutive year. If adequate notice is given, tuition will be waived for the requested vacation weeks.

**UNDER EXTREME CIRCUMSTANCES, TUITION CREDITS MAY BE GIVEN IF A STUDENT IS EXTREMELY ILL AND MISSES MORE THAN A WEEK OF SCHOOL. A DOCTORS NOTE MUST BE PROVIDED TO THE SCHOOL ON THE DAY THE CHILD IS CLEARED TO RETURN TO SCHOOL.**

### TUITION IS DUE REGARDLESS OF ABSENCE.

**Tuition Programs:** The two tuition programs available to parents of the children at the school are:

1. Monthly Tuition \$ \_\_\_\_\_

2. Bi-Weekly Tuition \$ \_\_\_\_\_

I have elected to make tuition payments \_\_\_\_\_ by the month \_\_\_\_\_ bi-weekly

I have elected to make tuition payment procedures and agree to abide by them.

I have read the Regulations regarding Tuition Payment Procedures and agree to abide by them.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date