

# Brevard Montessori



1130 South Patrick Drive    Satellite Beach, FL 32937    321-773-KIDS (5437)

## Children's House- Summer 2010

### *Welcome New Friends!*

Thank you for your interest in Brevard Montessori School (BMS). BMS is an alliance of families and teachers working together to provide the community with a specially prepared environment. Our Summer Camp program is geared to the size, pace, and interest of children between the ages of three and a half and seven years of age.

Our programs are designed to cultivate the child's own natural curiosity and love of learning, as well as, enable each child to more fully develop his/her potential. It is the pledge of BMS to be philosophically based in the Montessori Method and maintain a learning environment that will meet the physical, social, emotional, and intellectual needs of the child.

Attached you will find summer program information. If you have any additional questions, please feel free to contact me.

Summer camp class size will be limited. We ask that the summer enrollment forms and tuition be submitted before or on April 15<sup>th</sup>. Classroom positions will be filled first come, first serve. Your child's space *will not* be reserved until you have (1) submitted your child's tuition along with (2) a completed / notarized set of enrollment forms and all required health records. We will not accept one without the other. *Our ability to offer Summer Camp will be determined by the number of students enrolled.*

We look forward to working with your child.

Sincerely,  
Sandy McDonald  
Head of School / Montessori Directress

*Brevard Montessori does not discriminate against applicants on the basis of race, color, religion, sex or national origin. License # 07B724*

## **BREVARD MONTESSORI ADVENTURE THEMES FOR SUMMER 2010**



### **It's a ZOO out there! : Session A**

**June 7 - June 18**

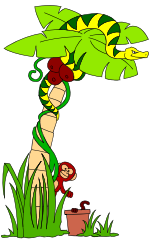
June is National Zoo and Aquarium Month! What better time, to take an in depth look into a zoo. Children will learn facts about their favorite animals and facts about new animals they've may never heard of. Children will explore the role of the zoo keeper and how their efforts extend far beyond the display and care of animals for curious humans.



### **Cars, Boats, Planes & Trains: Session B**

**June 21 - July 2**

Vroom! Vroom! Beep! Beep! Children will explore things that roll, fly, and float. They will learn about cars, boats, planes and trains through music, art, and science fun! They will have an opportunity to help construct pretend race cars, boats, and trains.



### **Welcome to the Jungle: Session C**

**July 5 - July 16**

Join us as we embark on a journey to the rain forest. Children will explore the tropical rainforest climate, plants and animals. They will have an opportunity to classify and study the abundance of life found in a rain forest.



### **Water Wonders: Session D**

**July 19 - 13**

Splish! Splash! Children will have the opportunity to explore seashells, starfish, dolphins and other creatures that live under the sea. Create sand pictures, decorate fish, and make sandwiches for a pretend picnic at the beach.

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**SUMMER 2010 ENROLLMENT APPLICATION**

**Child's Full Name** \_\_\_\_\_  
(Last) (First) (Middle) (Preferred name)

**Address:** \_\_\_\_\_  
(Street) (City/State) (Zip)

**Birth Date:** \_\_\_\_\_ **Age (yr./mo.):** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell, pager: \_\_\_\_\_ Cell, pager: \_\_\_\_\_

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

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

Address (If different) \_\_\_\_\_ Address (If different) \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Does child live with both parents? Yes \_\_\_ No \_\_\_ If not, with whom? \_\_\_\_\_  
Who has legal custody? \_\_\_\_\_

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

May Brevard Montessori call another physician if unable to contact the above? Yes \_\_\_ No \_\_\_

**Emergency Contacts (other than parents):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Persons permitted to remove child:**

Mother: Yes \_\_\_ No \_\_\_ Father: Yes \_\_\_ No \_\_\_

Others (Name/relation/phone): \_\_\_\_\_

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

**Does child have any of the following?** Allergies \_\_\_\_\_ Diet Restrictions \_\_\_\_\_ Physical Handicaps \_\_\_\_\_

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

**Names and ages of child's siblings:** \_\_\_\_\_

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

Signature of person enrolling child: \_\_\_\_\_ Date: \_\_\_\_\_

-----For Office Use-----

Date forms received: \_\_\_\_\_ Tuition received \$ \_\_\_\_\_ CK #: \_\_\_\_\_ Received by: \_\_\_\_\_

Circle program child is enrolled in: AM: A B C D Extended Day: A B C D

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**CHILDREN'S HOUSE SUMMER 2010 ENROLLMENT CONTRACT**

I wish to enroll my child, \_\_\_\_\_ in the following program: (Please check)

<b>AM</b>	<b>DATE</b>	<b>TIME</b>	<b>TUITION &amp; FORM DUE BY APRIL 15TH</b>	
<input type="checkbox"/> Session A	June 7- June 18	M-F	8:30-11:30	\$250.00
<input type="checkbox"/> Session B	June 21- July 2	M-F	8:30-11:30	\$250.00
<input type="checkbox"/> Session C	July 5- July 16	M-F	8:30-11:30	\$250.00
<input type="checkbox"/> Session D	July 19- July 23	M-F	8:30-11:30	\$125.00

<b>EXTENDED DAY</b>	<b>DATE</b>	<b>TIME</b>	<b>TUITION &amp; FORM DUE BY APRIL 15TH</b>	
<input type="checkbox"/> Session A*	June 7- June 18	M-F	8:30- 2:30	\$295.00
<input type="checkbox"/> Session B*	June 21- July 2	M-F	8:30- 2:30	\$295.00
<input type="checkbox"/> Session C*	July 5- July 16	M-F	8:30- 2:30	\$295.00
<input type="checkbox"/> Session D*	July 19- July 23	M-F	8:30- 2:30	\$175.00

\_\_\_\_ \*Every Friday will be a half day for all students- AM dismissal 11:30. Please initial

**CHILDREN'S HOUSE CONTRACT, FEES AND OBLIGATIONS FOR:**

1. Upon enrollment, tuition, all enrollment forms, Student Health Exam, and Immunization forms are due. It is understood that the payment of tuition is a commitment to enroll.
2. The undersigned understand and agree that tuition is not subject to adjustments or refund. After enrollment, any cancellation will result in the forfeit of tuition in full.
3. Refunds and/or credits cannot be given for absences, even extended absences of several day or weeks.
4. A \$25.00 fee plus all banks' charges will be charged to you for each check returned from the bank for insufficient funds.
5. A \$1.00 per minute late fee will be charged if a child is not picked up within his / her scheduled 10 minute dismissal time.

6. If payment of tuition is not made in accordance with this agreement, Brevard Montessori shall have the right to refuse to admit your child to class and to terminate this agreement. You will still be responsible for paying all tuition, late fees, and any expense incurred by the school in collecting these fees.
7. Each child will provide his/her own nutritious snack daily. Snacks should consist of fresh fruits and vegetables. Cookies, donuts, candy, fruit roll-ups, gummy snacks, chips (such as potato chips, corn chips, puffed cheese snacks, tortilla chips), yogurts, or changeable yogurt will not be permitted.
8. \_\_\_\_\_ The undersigned understand and agree that each school year Brevard Montessori School will assess whether any students have peanut allergies. If so, then for the safety and liability purposes, Brevard Montessori School will maintain a peanut free environment. *Please initial on line.*
9. Each family may be asked to provide supplies for special projects or special events. These requests are tax-deductible donations.
10. All children enrolled in the Extended Day will bring a nutritious lunch each day. Candy or soda will not be permitted.
11. Preschool children MUST be three and a half and toilet trained by the time of admission to summer camp in the Children's House program.
12. All children, regardless of age, must be personally released to/from an employee or authorized parent volunteer of Brevard Montessori Private School, Inc. during arrivals and dismissals. Under no circumstances should a parent allow a child to exit their vehicle and enter the facility unescorted.
13. Brevard Montessori Private School, Inc. is not responsible for lost or damaged items of clothing or toys.
14. The undersigned agree to provide all required State of Florida Health Student Health Exam and Immunization records. *New students must supply these health records with enrollment forms.*
15. The undersigned agree to keep their child's State of Florida Student Health Exam and Immunization records current (up to date) at all times. **Health records must be updated prior to their expiration date.** *There will be a \$25.00 fee for any health forms not updated prior to their expiration date and the child will not be able to return to school until the forms have been updated.*
16. This Enrollment Contract is not binding until executed by the School and is for the school year only. The agreement is further conditional upon the student's finishing the current school year in good standing.
17. The undersigned understand and agree that the school shall reserve the right to exclude any student from attendance at school, temporarily or permanently, for reasons including, but not limited to: social or academic readiness, illness, behavioral concerns that interfere with the health, safety, or educational development of himself/herself or any other student(s) in the school, willful damage of school property, a family's failure to adhere to school policies or financial concerns. Dismissal is at the discretion of the Head of School.

**Brevard Montessori does not discriminate against applicants on the basis of race, color, religion, sex, or national origin. License # 07B724**

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By submission of this enrollment form, I \_\_\_\_\_ hereby request admission of my child \_\_\_\_\_ to Brevard Montessori School for Summer Camp 2010. I have read, understand, and agree to abide by the Fees and Obligations outlined above.

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

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

Signature of Notary

Notary Public, State of Florida

Date

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**PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE**

I, \_\_\_\_\_, hereby grant permission for the Director or supervising staff member at Brevard Montessori Private School, Inc., D/B/A/ Brevard Montessori to take whatever steps may be necessary to obtain emergency medical care for my child, \_\_\_\_\_.

I understand that Brevard Montessori School will immediately attempt to contact me or the persons listed as emergency contacts if I cannot be reached. Should Brevard Montessori School be unable to contact me or my emergency contacts, Brevard Montessori School is authorized to contact my child's physician and/or arrange for immediate emergency medical treatment. I hereby authorize the physician or emergency medical facility so contacted by Brevard Montessori school to administer emergency medical treatment as necessary to insure the health and safety of my child.

Brevard Montessori Private School, Inc., D / B / A Brevard Montessori will not be responsible for anything that may happen as the result of false information given at the time of enrollment or failure of the parents or legal guardian to keep emergency information current. Brevard Montessori Private School, Inc., D / B / A Brevard Montessori will not assume responsibility for a child who has not been properly released to Brevard Montessori School for the day.

I further grant permission for my school age child, should an emergency occur, in school or during an outside activity, to be transported to / from school in a private car operated by a licensed driver.

Medical Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, physical handicaps or medical conditions: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

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Signature of Notary

Notary Public, State of Florida

Date

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**Disciplinary Procedures**

**“Discipline means training that enables the child to develop self-control and orderly conduct in relationship to others (peers and adults)”.**

**-Maria Montessori-**

The Montessori Method is based on the premise that education should be an aid to life. In a Montessori learning environment children develop respect for themselves, others and their environment. Within the open classroom setting, there is much freedom but it is freedom with responsibility. Respect for a child’s personality and trust in his inner potential are prerequisite to the foundation of an adequate educational alliance. The Montessori Method is designed to assist the child in developing the skills and self-confidence necessary to develop the self-discipline to fulfill his/her potential. It is the goal of BMS to provide an environment that will enable the child to develop self-discipline.

To develop their physical, emotional and intellectual powers to the fullest, children must have freedom; freedom achieved through order and self-discipline. Through order and self-discipline children learn that no one may interfere with or do anything to disrupt anyone else’s work. The children quickly learn that each person has rights, which must be upheld.

In cases of disputes and misunderstandings, the children are encouraged to “talk it out”. All conflicts are settled verbally. Physical aggression is not permitted. Discipline includes positive guidance, re-direction, re-presentation of any applicable grace and courtesy lessons, adult modeling, and the setting of clear-cut limits which fosters the child’s own ability to become self-disciplined.

If a child develops a behavior problem (*including but not limited to behavior that interferes with the health and safety of the child, other students or staff members in the school; behavior that interferes with the educational development of the child or other students in the school; behavior that results in property damage of other students or the school; or willful defiance*) the parents will be informed of the behavior(s) and we will work to modify the behavior through positive guidance, positive re-direction, re-presentation of any applicable grace and courtesy lessons, adult modeling, and the setting of clear-cut limits. This enables us to verify that the child understands what is expected. If necessary, we may also change the child’s activity and work area. If this does not work, the child is asked to hold the teacher’s hand or sit next to a teacher or in a chair so he/she may gain whatever control needed. If this is unsuccessful, the child is provided a calming time outside of the classroom environment to gain whatever control is needed. If the child is unable to gain the control necessary to re-enter the classroom

environment, BMS reserves the right to immediately dismiss the child for the remainder of his/her school day. A parent will be called to pick up the child immediately.

If a behavior problem becomes a child's repetitive means of interaction in the school setting for three weeks or more, it will be considered *chronic disruptive behavior*. BMS will not permit behavior that is detrimental to the well being of the child, other children, the classroom environment or staff members. However, BMS will make every effort to work with the child and his/her parents to develop a positive behavior change. If a child develops chronic disruptive behavior the following will be required:

Initial Consultation- A parent/teacher conference will be scheduled. During this conference the specifics of the behavior problem and methods of guidance and/or re-direction will be discussed.

Second Consultation- If chronic disruptive behavior still exists two weeks after the initial consultation, another teacher/parent conference will be scheduled. Additional methods of guidance and/or re-direction will be discussed along with the consequence if the child's behavior continues to be detrimental to the well being of the child, other children, the classroom environment or staff members.

Final Consultation- If at the end of the week following the second consultation, the child does not exhibit a behavior change; the child will be dismissed from BMS. During the final consultation the child's last day of school will be determined. However, BMS reserves the right to immediately expel a child at anytime if a child exhibits uncontrollable behavior that cannot be modified by the staff or if he/she begins to exhibit behavior which is extremely harmful to him/herself or others. A parent will be called to pick up the child immediately.

Section 65C-22.006(4) requires that parents are notified in writing of the disciplinary practices used by the child care facility. The parent's or legal guardian's signature verifies the parents or guardians have been notified in writing of the disciplinary practices of the child care facility.

I have read and understand the Behavior Management Policy utilized at Brevard Montessori Private School, Inc. D / B / A Brevard Montessori.

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

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary      Notary Public, State of Florida

\_\_\_\_\_  
Date



Child's name: \_\_\_\_\_

**Permission Authorization Form**

I, the parent or legal guardian of \_\_\_\_\_, do hereby give permission for my child to participate in the following:

1. Photographs and videos to be made of my child in connection with school programs and for publicity for the school on television, in newspapers or magazines.
2. Field trips arranged by the school. I am aware that I will be notified in advance when these trips are to occur and that they will be carefully arranged and supervised by an adequate number of adults. I understand that my child will be transported by private automobile. In the event that I do not wish for my child to participate in an activity, I will contact both the Director and my child's teacher in advance.
3. The use all of the materials, play equipment and activities offered by the school.
4. Spontaneous neighborhood walks in which the children will leave the school premises under the supervision of a staff member.
5. Activities in which my child will be under supervision of a parent volunteer who has completed the required EHS background screening.

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

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**Arrival/Departure Procedures**

I, or a person authorized by me, will bring my child to Brevard Montessori School at my child's scheduled arrival time (according to the program I have enrolled my child in) each day and will follow all arrival procedures. An authorized person, or I will pick up my child each day at my child's scheduled dismissal time (according to the program I have enrolled my child in) and will follow all dismissal procedures. I understand that my child will not be released to anyone other than person(s) whom I have authorized in writing to receive my child.

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

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**Know Your Child Care Center Verification**

Section 65C-22.006(4) requires that parents must receive a copy of the Child Care Facility Brochure "KNOW YOUR CHILD CARE CENTER". The parent's or legal guardian's signature verifies receipt of the child care brochure. Please complete the following:

I, \_\_\_\_\_, have received a copy of the child care center brochure, "KNOW YOUR CHILD CARE CENTER".

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

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