



## Miami Jewish Montessori Student Enrollment

### Student Information

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First Name

Last Name

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Preferred Name

Hebrew Name (Preferable in Hebrew Letters)

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Date of Birth

Time of Birth (am/pm)

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Hebrew Birthday

Age in August

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Place of Birth

If foreign born, date of arrival in U.S

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Home Address

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City, State, Zip.

### Mother's Information

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First Name

Last Name

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Preferred Name

Hebrew Name (Preferable in Hebrew Letters)

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If Different Home Address

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City, State, Zip.

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Occupation

Employer

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Business Phone

Cell Phone

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Business Address

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Email

**Father's Information**

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First Name

Last Name

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Preferred Name

Hebrew Name (Preferable in Hebrew Letters)

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If Different Home Address

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City, State, Zip.

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Occupation

Employer

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Business Phone

Cell Phone

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Business Address

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Email

**Marital Status**

Child's parent(s) is/are:

Married       Divorced       Separated       Mother deceased  
 Father deceased       Single       Domestic Partners

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Step Parent First Name

Step Parent Last Name

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Step Parent First Name

Step Parent Last Name

If parents are separated or divorced, do parents share legal custody?     Yes     No

If parents are separated or divorced, do parents share physical custody?     Yes     No

*Please provide appropriate documentation*

To whom should admission correspondence be sent?     Mother     Father     Both

**Family Jewish Affiliation**

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Name of Synagogue

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Name of Rabbi

Phone

Mother:       Jewish from birth       Jewish by conversion       Other

Father:     Jewish from birth       Jewish by conversion       Other

**Languages Spoken at Home**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Siblings of Applicant**

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First Name	Age	School	Grade
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First Name	Age	School	Grade
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First Name	Age	School	Grade
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**Previous Schooling Experience**

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School	School Contact Person
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Phone Number	Dates Attended
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Has your child ever received a formal evaluation by a private or State agency? Yes \_\_\_\_ No \_\_\_\_ . If yes, please explain:

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(Please submit all child's evaluations along with enrollment forms.)

Your opinion is valuable.

Have you filled out the MJM Survey? Yes \_\_\_\_ No \_\_\_\_ .

## Financials

Miami Jewish Montessori provides excellence in early childhood education. We use "best practices" and strive to make our programs accessible to the entire Jewish community. In the spirit of serving all potential families, we are rising to the challenge to meet the child care needs of our communities working families.

If at all possible, we want to accommodate your schedule. If your schedule doesn't work with any of the options outlined below, please contact us so we can develop an individualized plan.

## Preschool Program

**A non-refundable re-enrollment fee of \$350.00 is due with all applications.**

Already submitted with the intent to re-enroll.

Please charge my card the \$350.00 + 3.7% processing fee for the non-refundable application fee. Credit card authorization included below.

Enclosed is a check for the \$350.00 non-refundable application fee made payable to the Miami Jewish Montessori.

I would like to enroll my child for:

Age	Days	Months	Half Day 8:45A -12:30P	Full Day 8:45A -2:45P	Extended Hours 8:00-8:45 & 2:45 - 5:00
12 Months - 3 Years	5	Aug - June	\$840/month	\$1100/month	\$300/month
3 - 6 Years	5	Aug - June	N/A	\$1200/month	\$300/month

The Toddler Half Day Option

The Toddler Full Day Option

The Primary Full Day Option

Extended Hours

## Elementary Program

**A non-refundable re-enrollment fee of \$500.00 is due with all applications.**

Already submitted with the intent to re-enroll.

Please charge my card the \$500.00 + 3.7% processing fee for the non-refundable application fee. Credit card authorization included below.

Enclosed is a check for the \$500.00 non-refundable application fee made payable to the Miami Jewish Montessori.

I would like to enroll my child for:

	Age	Days	Months	Full Day 8:45A -3:15P	Extended Hours 8:00-8:45 & 2:45 - 5:00
<b>Lower Elementary</b>	6 - 9 Years (1st through 3rd Grade)	5	Aug - June	\$1700/month	\$300/month
<b>Upper Elementary</b>	9- 12 Years Old (4th through 6th Grade)	5	Aug - June	\$1750/month	\$300/month

Lower Elementary

Upper Elementary

Extended Hours

## Enrichments

The Miami Jewish Montessori offers several enrichment classes during the school day, including Creative Movement, Soccer, Gardening, and Art. The fees for these classes are included in tuition and the information for these classes will be sent in the application package after your child is accepted

## Scholarship Fund

Yes! I would like to support the Scholarship fund for families of Miami Jewish Montessori. Please add the following amount to my monthly tuition.

\$180

\$360

Other \$\_\_\_\_\_

## Non-Discriminatory Policy

Miami Jewish Montessori admits students of any race, color, and national origin to all rights, privileges and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, national origin, creed or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.

We make our best effort to accommodate the needs of every child who wishes to attend the Miami Jewish Montessori In order to properly meet the needs of your child. Miami Jewish Montessori requires written documentation if your child has any disability (for instance, an allergy, a diagnosed or suspected psychological or developmental difference, learning difficulties, etc.) **Disclosure of this information is a required condition of your child's enrollment in our program.** In the event that your child does have a disability or suspected disability, we will do a fully individualized assessment of your child in order to determine whether Miami Jewish Montessori possesses the necessary expertise and resources to provide for the best interests of your child.

By signing below, we confirm that all of the information provided in the re-enrollment forms is true.

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Parent 1 or Guardian's Signature

Date

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Parent 2 or Guardian's Signature

Date

## Credit Card Authorization

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_ ZIP: \_\_\_\_\_

**AMEX**

**VISA**

**MASTERCARD**

**DISCOVER**

**A + 3.7% Service Fee will be added for each transaction. I authorize to debit the credit card account indicated in this form. I understand there are no refunds and cancellations per the tuition agreement previously signed. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in the Tuition Agreement.**

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_