



LEAP International Montessori School, LLC
 1598 Sara Rd, SE ~ Rio Rancho, NM 87124
 505-994-9433 www.leapmontessori.org

Registration for 2017- 2018 School Year

Start Date _____

Student Information:

Age of Student as of August 2017: _____ Date of Birth: _____

Toddler (Ages 12 months-3) _____ Primary (Ages 3-6) _____ Elementary (Age 6-12) _____

Full Name: _____ Nickname _____

Mailing Address: _____ Physical Address: (If Different) _____

Best Phone Number: _____ Gender: _____

Language(s) Spoken at Home _____

Religious Practices/ Preferences: _____

Parent/ Guardian Information:

Mother/ Guardian's Full Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email Address: _____ Social Security # _____

Employer _____ Position _____

Driver's License Number _____ Work Hours _____

Father/ Guardian's Full Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email Address: _____ Social Security # _____

Employer _____ Position _____

Driver's License Number _____ Work Hours _____

Other Significant Guardian's Full Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email Address: _____ Social Security # _____

Employer _____ Position _____

Driver's License Number _____ Work Hours _____

Emergency Contact _____ Best Phone: _____

Emergency Contact _____ Best Phone: _____



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Health Information

Child's Physician's Name _____ Phone Number _____
 Preferred Hospital _____ Phone Number _____
 Child's Dentist's Name _____ Phone Number _____
 Primary Insurance Company _____ Policy/ Group # _____
 Name(s) of Insured _____
 Secondary Insurance Company _____ Policy/ Group # _____
 Name(s) of Insured _____

Allergies: _____

Medication Taken Daily (Such as inhalers): _____

Food Allergies: (if none, please enter "none") _____

Extra-Curricular

Breakfast Club (7am-8pm) (Y/N) _____ Days Attending: M T W R F

Afternoon Enrichment (4pm-6pm) (Y/N) _____ Days Attending: M T W R F

Intent to Enroll Student in Summer Camp (Y/N) _____

History

Child's Previous School (If Applicable) _____

Phone Number for Previous School _____ Teacher's Name _____

My child has the following special needs or medical condition(s): _____

 (Please attach paperwork supporting needs if applicable)

The following special accommodation(s) may be helpful to most effectively meet my child's needs while at school: _____

My child is currently on medication(s) prescribed for long-term continuous use and/ or has the following pre-existing illnesses, allergies, or health concerns: _____

My child has the following fears: _____

Age child started/ learned to: Talk _____ Crawl _____ Walk _____ Write _____ Read _____

_____ I understand and agree that having live plants and animals in and around the classroom environment is a part of the Montessori curriculum.

_____ I understand as a part of the curriculum, my child will be offered lessons in caring for live plants and animals.



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_____ I understand and agree that it is my responsibility (as the parent or guardian) to keep LEAP International Montessori School updated, in writing, with any changes to my child's long-term health, safety, legal status, and overall welfare.

Family Status

Child's Living Arrangements (Check one): _____ Both Parents _____ Mother _____ Father _____ Other
 Child's Legal Guardian(s) (Check one): _____ Both Parents _____ Mother _____ Father _____ Other
 Guardian with legal custody (if applicable): _____

Are there any limitations on either parents or guardians' right to pick up or visit the child at school? _____
 (If so, please attach a copy of the court order to keep on file.)

Are there any other circumstances that LEAP International Montessori School should be aware of? _____
 (If so, please explain) _____

Other Children in the Household:

Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____
 Name: _____ Age: _____ Relationship: _____

Tuition & Fees: Your Registration Deposit of \$350 holds Your Space

Notes:

- Tuition is due on the first day of the month or the first day of the month that school is in session.
 - \$8500 is the annual tuition per school year.
 - If paid over 10 months, tuition is \$850/ mo.
 - If paid by semester, a \$200 discount per semester is applied for an annual total of \$8050.
 - If paid annually, a \$500 discount is applied for a total of \$8000 + \$0 Supply Fee + \$0 Deposit.
- If payment is not made by the 3rd of the month, a \$25 late charge will be applied to the account.
- A written 30 day notice must be given to the school if the family needs to withdrawal the student. Failure to provide notice will result in the account being charged one full month's tuition.
- If legal expenses are required for using an attorney or collection agency, all fees will be applied to the account.
- New Mexico Gross Receipts Tax will be added to all tuition payments at the current rate.



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- If your child is asked to leave school permanently for behavior and/ or safety concerns, all monies paid through the end of the month are forfeited.
- Students are invited to participate in physical activities; it is the parents' responsibility to ensure the student is physically fit and able to participate. LEAP Montessori does not assume responsibility for injury due to negligence.
- Decisions made by the ownership of LEAP International Montessori School, LLC are made in the best interest of the school and students. LEAP International Montessori School, LLC reserves the right to refuse admittance and continued enrollment to any student, at any time, in order to uphold the beliefs and mission of the school.

Nondiscrimination Based Enrollment LEAP International Montessori School, LLC does not discriminate for admission, wait-lists, or employment on the basis of race, color, national or ethnic origin, gender, sexual orientation, religion, or income status.

Ages and Stages Questionnaire

___ I understand and agree to my child being observed and evaluated by a Registered Nurse for the Ages and Stages Questionnaire

Pick-up Authorization (Initial)

___ I agree that the following people will be allowed to pick up my child:

Full Name _____ Driver's License Number _____
 Relationship to Student _____ Phone Number _____

Full Name _____ Driver's License Number _____
 Relationship to Student _____ Phone Number _____

Full Name _____ Driver's License Number _____
 Relationship to Student _____ Phone Number _____

___ I understand and agree that for the child's safety, all people picking up students can and will be asked to show their identification until they are known to all LEAP Staff.

___ I understand and agree that anyone picking up a child may also be photographed with the student for everyone's safety.

Is there anyone that **does not** have permission to pick up your child? If so, please list below:

Full Name _____ Reason _____
 Relationship to Student _____ Phone Number _____

Full Name _____ Reason _____
 Relationship to Student _____ Phone Number _____



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Sunscreen Authorization (Initial)

___ I agree that sunscreen may be offered and applied to my child when they are outside.

___ I agree that if I want my child needs a specific brand of sunscreen that I am responsible for providing it and clearly labeling it with my child's full name.

Insect Treatment Authorization (Initial)

___ I agree that if my child requires treatment from an insect bite (such as a biting ant or mosquito) and if I am not able to be reached by phone for verbal authorization, that my child will be given a baking soda & water compress to alleviate pain.

Other First-Aid Authorization (Initial)

Except for first aid, school staff shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable: Date; Full Name of the Child; Name of Medication; Prescription Number (if any); Dosage; the Dates to be Given; the Time of Day to be Dispensed; and Signature of the Parent.

I hereby give LEAP International Montessori School permission to apply one or more of the following topical ointments/ preparations to my child in accordance with the directions on the label of the container:

- | | |
|--|--|
| ___ Baby Wipes | ___ Non-Prescription Ointment (such as Shea Butter, A & D, Desitin, or Vaseline) |
| ___ Band-aids | ___ Baby Powder |
| ___ Neosporin or Other Ointment | ___ Aloe Vera |
| ___ Bactine or Similar First Aid Spray | ___ Other (specify) |

Emergency Medical Authorization

Should (child's name) _____ Date of Birth _____ suffer an injury or illness while in the care of LEAP International Montessori School and the school is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care (including emergency transportation and treatment) for the child as may be necessary. I (we) shall assume responsibility for payment of services.

Parent/ Guardian: _____ Date: _____
Signature

Head of School or Owner: _____ Date: _____
Signature



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Photography Use Authorization (Initial)

___ I agree that all photos taken by LEAP staff members will be kept as records and may be published in newsletters, yearbook, and the school’s internet presence.

School Roster Authorization (Initial)

___ I agree that my name, my child’s name and classroom may be listed in LEAP’s internal school phone book to be distributed to all other current families and staff members.

I also agree that the following may be included:

- ___ Phone Number
- ___ Email Address
- ___ Home Address

Field Trip Authorization (Initial)

___ I understand that on occasion, field trips may be planned. For each trip I will be given a permission slip form that will be required in order for my child to participate. If the individual’s field trip form is not signed, my child will not leave the school’s premises to attend the field trip. Please note that this include “Going Outs” in the elementary classroom.

Parent Handbook (Initial)

___ I agree that I have read, understand, and will comply with all statements made in the Parent Handbook.

Agreement to Be Involved with the School & Volunteer Commitment (Initial)

___ I agree to the best of my ability to support the school with community functions including but not limited to:

- Parent Teacher Conferences
- Parent & Community Education Evenings
- Fundraisers
- Parties
- Community Gatherings

___ I understand LEAP has a 20 hour volunteer requirement per academic school year. I agree to meet this requirement as options are outlined in the Parent Handbook. I also understand that I may agree to opt out of this requirement or to pay out any unserved hours at the rate of \$15/ hr.

Enrollment Agreement (Initial)

___ I understand and agree to LEAP’s enrollment agreement and fees including the registration deposit, tuition, supplies, and extra cost fees for afterschool clubs.

Guardian Signature _____ Date _____
 Guardian Signature _____ Date _____



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	Toddler (Ages 12 mos- 3)			Primary (ages 3-6)			Elementary (ages 6-12)		
Tuition	Monthly (\$8000/ 10 months)	Year (Aug - May)	Semester (Aug- Dec)	Monthly (\$8500/ 10 months)	Year (Aug - May)	Semester (Aug- Dec)	Monthly (\$7500/ 10 months)	Year (Aug - May)	Semester (Aug- Dec)
	\$850	\$8000	\$4050	\$850	\$8000	\$4050	\$850	\$8000	\$4050
	Half Day	Half Day	Half Day	Half Day (3-4 yrs only)	Half Day (3-4 yrs only)	Half Day (3-4 yrs only)			
	\$600	\$6000	\$3000	\$600	\$6000	\$3000			
Deposit	<ul style="list-style-type: none"> \$350 (Registration Deposit) Due unless tuition is paid up front, in full Deposit insures a place is reserved for your child Advance payments must be made by the first day of classes for tuition discount to be applied 			<ul style="list-style-type: none"> \$350 (Registration Deposit) Due unless tuition is paid up front, in full Deposit insures a place is reserved for your child Advance payments must be made by the first day of classes for tuition discount to be applied 			<ul style="list-style-type: none"> \$350 (Registration Deposit) Due unless tuition is paid up front, in full Deposit insures a place is reserved for your child Advance payments must be made by the first day of classes for tuition discount to be applied 		
Supplies	\$200 *One-time fee due at registration *Due unless full tuition is paid up front, in full			\$250 *One-time fee due at registration *Due unless full tuition is paid up front, in full			\$200 *One-time fee due at registration *Due unless full tuition is paid up front, in full		
Enrichment	\$10/hr between 7am-8am \$20/ week between 4pm-6pm \$1/ minute after 6pm if no prior notice is given			\$10/hr between 7am-8am \$20/ week between 4pm-6pm \$1/ minute after 6pm if no prior notice is given			\$10/hr between 7am-8am \$20/ week between 4pm-6pm \$1/ minute after 6pm if no prior notice is given		
Discounts	<ul style="list-style-type: none"> 10% Discount offered to all siblings. Tuition discount offered to all Peace Workers 			<ul style="list-style-type: none"> 10% Discount offered to all siblings. Tuition discount offered to all Peace Workers 			<ul style="list-style-type: none"> 10% Discount offered to all siblings. Tuition discount offered to all Peace Workers 		



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Parent Interest Questionnaire

My Full Name: _____ Spouse: _____

My Child's Name: _____ My Classroom: _____

My Child's Birthdate: _____

My Contact Phone Numbers:

Cell _____

Home _____

Work _____

Other _____

Email _____

Address _____

Occupation _____

Interests/ Hobbies _____

Other Languages Spoken _____

(Please check if interested)

___ I am interested in being contacted for Going Outs & Field Trips for Chaperoning

___ I can drive

___ I can use Public Transportation

___ I am interested in volunteering in the classroom during school hours

___ I am interested in volunteering for the classroom outside of school hours

___ I am Crafty

___ I Can cut in a straight line

___ I can sew & have a sewing machine

___ I love to cook

___ I like taking pictures

___ I like to garden & be outside

___ I am very comfortable with technology



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Please Attach a
copy of child's
immunization
Record



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Please Attach a copy of
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Questionnaire

(See Mrs. OH)



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Please attach a copy of your
child's latest check-up (please
make sure that hearing,
vision, and dental records are
included).

See Mrs. OH for referrals