



## **Lefferts Gardens Montessori Enrollment Packet for Continuing Students**

Please return this entire (stapled) application  
packet with your initial payment.

[www.brooklynmontessori.com](http://www.brooklynmontessori.com)  
527-559 Rogers, Brooklyn, NY 11225  
(718) 773-7478



# Lefferts Gardens Montessori

527 Rogers, Brooklyn, NY 11225  
www.brooklynmontessori.com

(718) 773-7478

## Renewal Application\*

Date: \_\_\_/\_\_\_/\_\_\_

### Child's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Check one:  Male  Female

Lives with:  Both parents  Mother  Father  Other \_\_\_\_\_

[Optional] We invite you to include a recent photo of your child.

### EMERGENCY CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship:  Mother  Father  Guardian  Other \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship:  Mother  Father  Guardian  Other \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Lefferts Gardens Montessori School welcomes students of any race, color, religion, national or ethnic origin.



# Lefferts Gardens Montessori

527 Rogers, Brooklyn, NY 11225  
www.brooklynmontessori.com

(718) 773-7478

## Renewal Application (cont'd)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent/Guardian Information

Relationship to child:  Mother  Father  Guardian  Other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_-\_\_\_\_\_

Soc Sec#: \_\_\_\_\_ Education: \_\_\_\_\_

Status:  Married  Single  Separated  Divorced

Home (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  Cell (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  Other (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_-\_\_\_\_\_

Interests/Activities: \_\_\_\_\_

### For Office Use Only

- Verify Soc Sec #
- Photocopy photo ID



# Lefferts Gardens Montessori

527 Rogers, Brooklyn, NY 11225  
www.brooklynmontessori.com

(718) 773-7478

## Renewal Application (cont'd)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent/Guardian Information

Relationship to child:  Mother  Father  Guardian  Other \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_-\_\_\_\_\_

Soc Sec#: \_\_\_\_\_ Education: \_\_\_\_\_

Status:  Married  Single  Separated  Divorced

Home (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  Cell (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  Other (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_-\_\_\_\_\_

Interests/Activities: \_\_\_\_\_

### For Office Use Only

- Verify Soc Sec #
- Photocopy photo ID



# Lefferts Gardens Montessori

527 Rogers, Brooklyn, NY 11225  
www.brooklynmontessori.com

(718) 773-7478

## Renewal Agreement

Agreement made \_\_\_\_/\_\_\_\_/\_\_\_\_ between the Parent(s)/Guardian(s) (named below) and Lefferts Gardens Montessori School (hereinafter referred to as the "School"). Lefferts Gardens Montessori School hereby accepts \_\_\_\_\_ for enrollment as a student for the 20 – 20 school year.

### Financial Responsibility

The Parent(s)/Guardian(s) hereby agree(s) to pay full tuition and fees for the school year. These payments are not subject to reduction, adjustment, or refund due to illness, absence, or withdrawal of the student from the School unless the withdrawal is made at the request of the School. The School reserves the right to request withdrawal of a student and in such a case will prorate the tuition on a per diem basis in accordance with the School's calendar year, except where withdrawal is requested by reason of non-payment of tuition.

### Tuition Payment Policy and Discounts

We offer a **3% discount** when the full tuition is paid at the beginning of the school year and a **2% discount** when paid in *two equal payments*, by September 1st and January 1st. Payment on an installment basis is also accepted with a **1% discount** for parents who sign-up for automatic withdrawal on a monthly basis over the school year. Lastly we offer a **5% sibling discount**. This application must be accompanied by a non-refundable Registration and Application fee.

### Failure to Pay

Any balance due and payable, whether an installment or otherwise, which remains outstanding after the fifth (5<sup>th</sup>) day of the month shall be subject to a finance charge of 1.5% per month. The calculation of this finance charge will be compounded monthly on all outstanding arrears including the finance charge. For failure to pay an installment beyond thirty (30) days, the School reserves the right to demand full payment of the remaining balance plus any accrued finance charges. In the events of a default in the payment of tuition or other charges, the Parent/Guardian shall be responsible for the expenses incurred by the School for collection including but not limited to collection of expenses, filing costs, and reasonable attorney fees.

### Dishonored Checks

A charge of \$60 per occurrence of a dishonored check shall be due and payable to cover bank charges and administrative expenses.

### Late Pickup Fee

For children remaining beyond the 15 minute grace period following their scheduled pickup time, a Late Pickup Fee will be charged at a rate of \$1 per minute.



# Lefferts Gardens Montessori

527 Rogers, Brooklyn, NY 11225  
www.brooklynmontessori.com

(718) 773-7478

## Renewal Agreement (con't)

**Please select one or more:**

Program	Tuition	2 Year Olds	3-6 Year Olds	Amount
<input type="checkbox"/> Full-time Program	\$11,000	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Early Dropoff	\$1,000	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Late Pickup	\$1,500	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>SubTotal:</b>				_____

**Please select the appropriate discount(s):**

<input type="checkbox"/> 3% Discount (one payment)	<input type="checkbox"/> 2% Discount (two payments)	_____
<input type="checkbox"/> 1% Automatic Withdrawal Discount		_____
<input type="checkbox"/> 5% Sibling Discount. I have enrolled more than one child at LGM.		_____
<b>Discount Total:</b>		_____
<b>Total Amount:</b>		_____

For my child's tuition, I agree to make \_\_\_\_\_ payment(s) of \_\_\_\_\_.

_____ Signature	_____ Signature
_____ Print name	_____ Print name
Date: ____/____/____	Date: ____/____/____

## Fees

The following fees are payable in full upon enrollment:

Description	Fee
Registration and Application Fee	\$200
Materials	\$300
Linens (Sheets and blankets)	\$50
<b>Total</b>	<b>\$550</b>



# Lefferts Gardens Montessori

527 Rogers, Brooklyn, NY 11225  
www.brooklynmontessori.com

(718) 773-7478

## Automatic Withdrawal

I agree to have the monthly payment of \$\_\_\_\_\_ withdrawn automatically on the 1st of each month beginning September 20 and ending June 20 according to the instructions below.

<input type="checkbox"/> Bank  Type of account: ___ Checking ___ Savings  Bank name: _____  Routing # (9 digits): _____  Account # (10 digits): _____  If withdrawal is from your checking account, please attach a copy of a <b>VOIDED</b> check.	<input type="checkbox"/> Credit card <input type="checkbox"/> Debit card  Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> Other  Card #: _____  Expiration Date: ____/____    CVC Code*: _____ <small>* Last three digits on the number on the back of the card</small>
--	---

## Credit Card Billing Information

Name on Card: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Lefferts Gardens Montessori keeps all information strictly confidential.



# Lefferts Gardens Montessori

527 Rogers, Brooklyn, NY 11225  
www.brooklynmontessori.com

(718) 773-7478

## Activities and Medical Care Permission Form

I hereby grant permission for my child/children to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempts to contact a parent or guardian.
2. Attempts to contact the child's physician.
3. Attempts to contact any of the persons you listed in the **Emergency Contact Information** section on page 2.

If we cannot contact you or your child's physician, we will do any or all of the following with all expenses incurred being borne by the child's family:

1. Call our school's physician or paramedics.
2. Call an ambulance.
3. Have a staff member take the child to the nearest hospital emergency ward.

In compliance with State regulations, a parent or guardian must sign this blanket release authorization giving a) an emergency room, b) first aid squad, or c) a physician permission to provide emergency medical treatment in case you or your authorized emergency contact person (see page 2) cannot be reached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Lefferts Gardens Montessori

527 Rogers, Brooklyn, NY 11225  
www.brooklynmontessori.com

(718) 773-7478

## Photo Permission Form

I hereby grant(s) Lefferts Gardens Montessori permission for the use of pictures in which my child appears for school promotional, public relations, and educational purposes. Any photographs taken of any student shall remain the exclusive property of the school.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Lefferts Gardens Montessori

527 Rogers, Brooklyn, NY 11225  
www.brooklynmontessori.com

(718) 773-7478

## Pick-up Release Authorization

The following person(s) is/are authorized to pick-up my child/children:

Name	Relationship	Phone 1	Phone 2
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____
_____	_____	(____) ____ - ____	(____) ____ - ____

I understand that my child/children will be not be released to any adult other than those listed above without advanced written parental permission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Lefferts Gardens Montessori

527 Rogers, Brooklyn, NY 11225  
www.brooklynmontessori.com

(718) 773-7478

## Special Notes for Parents

1. Children must arrive for school no later than 8:50 a.m. to participate in the morning activities. Please be on time to avoid interrupting the school program. If you need to have a lengthy conversation with your teacher, please make an appointment. Remember the safety of the children is of paramount importance.
2. Please dress your child/children in comfortable clothing to make bathroom routine easy. Bring one complete change of clothing for your child. This set of clothing will remain at school until it's needed. Names must be legibly written on all clothing so that we can identify the children's clothes.
3. Lunch is not provided by the school. Please provide lunch for your child.
4. The school provides all work-related material for the children, so do not sent book bags.
5. If you would like to observe a class, please make an appointment. When you visit, sit on the chair provided without interrupting the children's work or offering assistance to your child.
6. All medical information must be kept current. No child may remain in school without providing current medical examination information.
12. Please place tuition payments in an envelope with the child's name and tuition amount legibly written on the envelope. A fee of \$60 must be paid for all dishonored checks. School tuition must be paid in a timely manner.
13. We are unable to take your telephone calls during the hours of 9:00 a.m.–12:00 p.m. and 3:00–4:30 p.m. Leave a message and we will return your call between the hours of 1:00–2:30 p.m. and 4:30–6:00 p.m. This is necessary for the free flow of class activities.
14. The school closes at 6 p.m. We have no accommodation for after-care beyond that time.
15. The school is not responsible for anything that may happen as a result of false information given on the enrollment application or any other form.

Please remember that the school's business is your business. We cannot educate your children without you. Your participation is of the utmost importance. Let us work together to make this the best school year with the highest degree of success! Thank you.

I have read and understand the above **Special Notes for Parents**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_