



*Teaching Creative Thinking for Life-Long Learning*

We are a private Montessori preschool committed to providing an enriching, academically challenging educational environment. We strive to create an environment that inspires children to develop inner discipline, self-assurance, and a love for learning.

Maria Montessori was a physician in Italy in the late 1800's who established the Montessori Method of education. It is now the oldest form of education still being practiced today. Her method is based on what she observed children to do "naturally" by themselves unassisted by adults.

The teachers of Smithville Montessori Academy provide each child the guidance he/she needs to reach personal success by implementing individual and small group lessons. Each student is given the freedom to move at his/her own pace while being challenged with new and exciting lessons on a regular basis. All lead teachers are required to hold a Montessori certification from an accredited training program.

Although academics are very important, fostering the growth of the "whole child" is our complete mission. Our classrooms are carefully prepared to allow the child to develop to his/her fullest potential socially, emotionally, and physically. In a Montessori classroom a young child can learn independently or cooperatively while enjoying the freedom of movement and choice.

This information packet contains your application for enrollment, a required medical examination report, our rate sheet, your child's specialized diet plan (for infants, toddlers, and pre-primary students), and a brochure that provides more in-depth information on Montessori education.

We are happy to schedule a time to lead you through a tour of our facility and encourage you to do so during the children's work day as you will be able to see an active, engaged classroom. A daily schedule is enclosed so that you can plan accordingly. You can also visit our website at [www.smithvillemoacademy.com](http://www.smithvillemoacademy.com). If you have further questions or would like to schedule a tour, please call us at (816)-532-4905.



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Thank you for your interest in our school and for demonstrating an interest in laying a solid foundation for your child's future!

### APPLICATION FOR ADMISSION

(Please print legibly)

Child's Name \_\_\_\_\_ M F Birthdate \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_

Start Date \_\_\_\_\_ Previous School Attended \_\_\_\_\_

Reason for leaving previous school \_\_\_\_\_

Does your child nap? Y N

Is your child toilet trained? Y N

### IDENTIFYING INFORMATION

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

Primary Daytime Phone \_\_\_\_\_

Primary Daytime Phone \_\_\_\_\_

Alternate Daytime Phone \_\_\_\_\_

Alternate Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

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

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

Father's Name \_\_\_\_\_

### EMERGENCY CONTACTS *other than parent or doctor that may act as agent of parent (must have two)*

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_



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## PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

*Any person picking up a child may be asked to show proof of identification, which will be photocopied and kept on file. Any person not on this list must have prior written authorization by a parent. Authorization may be faxed to (816)866-2030.*

## APPLICATION FOR ADMISSION (cont'd)

*Please provide us with information relevant to your child that will help us better prepare to meet his/her needs.*

Allergies, Habits, Special Instructions

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Names and ages of sibling's \_\_\_\_\_

## ***Authorization for Emergency Medical Care***

I understand that I will be notified immediately in the case of an accident or illness with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring immediate medical attention, I hereby authorize Smithville Academy, Inc. II to contact:  
*Physician*

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

*For emergency medical treatment of my child, my preferred hospital is:*

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## **Photography Release**

I do \_\_\_\_\_ do not \_\_\_\_\_ give consent for photographs of my child to be used in advertisements, on Smithville Academy, Inc. II's website, public events/information, and photographs in/around the school/classroom.

## **Agreements (read and initial)**

- I have read the parent handbook and returned the parent signature page. \_\_\_\_\_
- When my child is ill, it is understood and agreed that he/she may not be accepted into care. \_\_\_\_\_
- I have been informed of this facilities policies pertaining to the admission, care, and discharge of children. \_\_\_\_\_
- I accept full responsibility for my child's tuition. \_\_\_\_\_



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- e. A non-refundable enrollment fee of \$60 has been paid/is enclosed. I have been informed that a thirty day written notice of withdrawal from school is required and tuition will accrue until such notice is given. \_\_\_\_\_
- f. I will update any address, phone number, or email changes as necessary. \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL ADMINISTRATION**

Admission Date \_\_\_\_\_ Days Enrolled \_\_\_\_\_ Drop off time \_\_\_\_\_ Pick up time \_\_\_\_\_

Discharge Date \_\_\_\_\_ (file to be retained for one year after discharge)

**MEDICAL EXAMINATION REPORT**

Child's Name \_\_\_\_\_  
**Last First Middle**

Birthdate (mm/dd/yyyy) \_\_\_\_\_

**CURRENT STATE OF HEALTH**

I have examined the above-named child and verify that this child's medical history and current state of health are \_\_\_\_\_ are not \_\_\_\_\_ satisfactory for participation in a pre-school program.

**IMMUNIZATIONS**

Our records indicate that this child has completed age-appropriate immunizations, or is in the process of completing immunizations for DPT, Polio, Rubella, and Rubella.

YES \_\_\_\_\_ NO \_\_\_\_\_

**COMMENTS/RECOMMENDATIONS**

(Special diets, allergies, ear infections, convulsions, diabetes, emotional problems, etc)

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DATE

Signature of Physician or Registered Nurse  
under the supervision of a Physician

\_\_\_\_\_  
Physician's or Nurse's Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Return to: Smithville Academy, Inc. II  
(816) 866-2030 (fax)

### Daily Schedule

Hours of Operation: 7:00 am – 6:00 pm

### General

7:00 am – 8:30 am	Before School Activities
8:30 am -9:00 am	Morning Greeting (Circle)
9:00 am - 11:00 am	Morning Work Cycle
11:00 am - 12:30 pm	Lunch/Recess (time varies slightly depending on classroom)
12:30 pm - 2:30 pm	Rest Time (time varies slightly depending on classroom)
2:30 pm - 3:30 pm	Afternoon Work Cycle End of School Day
3:30 pm - 6:00 pm	After School Activities

### Infants/Toddlers/Preprimary

- *Infants:* Meals/Snacks/Bottle-Feeding/Naps is dependent on the child's unique schedule. Infants participate in "tummy-time" and are actively engaged by the teacher on the floor based on each child's unique schedule.



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- *Toddlers/Preprimary:* Meals/Snacks/Naps follow a schedule as all children participate in these activities collectively. Teachers engage children in smaller work cycles that are separated by time spent outside (weather permitting) or indoor activities that promote the development of gross motor skills.

### **Summer 2018 Tuition Rates**

#### **Full Time Program**

Room	Weekly Tuition
Infant	\$207.50
Toddler	\$197.50
Pre-primary	\$192.50
Primary	\$172.50
Kindergarten	\$172.50

#### **Part Time Program**

*(2 days/week)*

Room	Weekly Tuition
Infant	\$132.50
Toddler	\$127.50
Pre-primary	\$120.50
Primary	\$117.50
Kindergarten	\$117.50

*(3 days/week or 4-5 half days)*

Room	Weekly Tuition
Infant	\$152.50
Toddler	\$147.50
Pre-primary	\$140.50
Primary	\$137.50
Kindergarten	\$137.50

### **School Age Program**

*(Before and After School Care)*

Program	Tuition Rate
Before School	\$55.00
After School	\$55.00
Before & After School	\$70.00
Public School Closures	\$14.00
Early Out	\$7.00

*(Summer Rates)*

Summer Rates	
Full Day program	\$140
Drop In rate	\$25 a day





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**Fees (All Programs):**

Fees All Programs	
Tuition Late Fee	\$25.00
Annual Enrollment**	\$60.00
**Due Feb 1st	
Enrollment fee	\$60.00
Snack Fee	\$2.50

**Specialized Care Plan**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Infants** (6 weeks – 12 months)

<b>Bottle</b>	Warm / Cold	Holds own? Y / N
<b>Cup</b>	Y / N	Holds own? Y / N
<b>Spoon</b>	Y / N	Feeds Self? Y / N

<b>Position of Sleep</b>
<b>Napping Times</b>
<b>Additional Nap Needs</b>

		Amount	How Often
<b>Formula</b>	Y / N		
<b>Breast Milk</b>	Y / N		
<b>Whole Milk</b>	Y / N		



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<b>Infant Food</b>	Y / N		
<b>Whole Foods</b>	Y / N		
<b>Table Food</b>	Y / N		

*My child is 12 mos. or older and I give permission for him/her to sleep on a cot.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

		Name	Amount	When Given
Lotion	Y / N			
Powder	Y / N			
Ointment	Y / N			

*I do not want any lotions, powders, or ointments used on my infant.* \_\_\_\_\_

Special Instructions for care

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Specialized Care Plan**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

### **Toddlers** (12 month – 24 months)

<b>Cup</b>	Sippy / Regular	Holds own? Y / N
<b>Spoon</b>	Y / N	Feeds Self? Y / N

		Amount	How Often
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<b>Whole Milk</b>	Y / N		
<b>Juice</b>	Y / N		
<b>Whole Foods</b>	Y / N		
<b>Table Food</b>	Y / N		

	Name	Amount	When Given
Lotion			
Powder			
Ointment			

*I do not want any lotions, powders, or ointments used on my infant.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*My child is 12 mos. or older and I give permission for him/her to sleep on a cot.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Special Instructions for care

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Specialized Care Plan**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Preprimary** (2 years – 3 years)

<b>Cup</b>	Sippy / Regular	Holds own? Y / N
<b>Spoon</b>	Y / N	Feeds Self? Y / N
<b>Fork</b>	Y / N	
<b>Sits in a chair</b>	Y / N	

	Name	Amount	When Given
Lotion			
Powder			
Ointment			

		Amount	How Often
<b>Whole Milk</b>	Y / N		
<b>Juice</b>	Y / N		
<b>Whole Foods</b>	Y / N		
<b>Table Food</b>	Y / N		

*I do not want any lotions, powders, or ointments used on my infant.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*My child is 12 mos. or older and I give permission for him/her to sleep on a cot.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



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\_\_\_\_\_ *My child is in the process of toilet training.*

or

\_\_\_\_\_ *My child is fully toilet trained.*

Special Instructions for care

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Primary** (3 years – 6 years)

Food Allergies:

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*My child is 12 mos. or older and I give permission for him/her to sleep on a cot.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*My child is fully toilet trained.*      Yes / No

Special Instructions for care

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_