Central Arkansas Montessori

Dear Parents,

Thank you for choosing to apply for your student's enrollment at Central Arkansas Montessori. Please complete this form and return it with a check or money order for **$200.00 per student or $200 per family.** The registration fee is **non-refundable** and does **not** apply toward tuition.

We are excited to share several important changes for the upcoming school year. Please review the updates below carefully. Enrollment forms are now available to complete in Brightwheel. If you would prefer a paper copy, please notify the office. The registration fee is due by **May 15th**.

School Hours

- School hours will change to **7:45 AM – 2:45 PM**.
- **Carpool will begin at 7:20 AM.**
- There will be **no admittance after 8:30 AM without a doctor's excuse.**
- **Dismissal for Ms. Lysa's Pre-K class will be at 2:30 PM.**
    - If pre-K students have siblings in older classes, they will be held until **2:45 PM** for pickup.
- **Regular pickup time will be from 2:45 PM – 3:05 PM.**
- Students picked up **after 3:05 PM** will be charged $**1.00 per minute, per child late fee.**
    - Late fees will be **invoiced the next day and are due immediately.**

Lunches

- We will **no longer serve chicken nuggets on Fridays**; **pizza will be the only Friday lunch option.**
- **Lunch will not be served on Early Dismissal days.**
    - All students must **bring lunch from home on those days.**
- **DoorDash or other delivery services will not be allowed next year.**
    - Lunches must be **sent with students in their lunchboxes each day.**
- Parents who would like to join their child for lunch are welcome to **eat together in the kitchen or lobby.**

Backpacks

- Students **will be allowed to bring backpacks next year.**
- Backpacks must be **standard size (no larger than 17 inches).**
- Backpacks only need to be large enough to hold a **lunchbox, folder, and water bottle.**
- There are **no restrictions on backpack style or appearance.**

Pre-K (Nappers)

- All students **who nap are required** to have a nap mat.
- You may purchase one on your own or buy one from the school.
- The required mats are the all-in-one style that roll up for easy carrying.
- Mats purchased through the school are available for $25.

Thank you for your attention to these important updates. We appreciate your cooperation as we prepare for a successful upcoming school year.

-CAM Administration

Central Arkansas Montessori

Below you will find several documents needed to complete your child's enrollment. If you have any questions, please don't hesitate to contact us - we are happy to help. We look forward to meeting you and your child soon!

Enrollment Documents

- Birth Certificate
- Social Security Card
- Parent/Guardian Driver's License
- Immunization Record
- Special education records (IEP/504, if applicable)
- Therapy Records

Student Information

Student Name: _____ DOB: _____ Grade: _____

Physical Address: _____

Mailing Address: _____

T-Shirt Size: _____

Exceptional Children Services: ____ Special Education Setting: ___ Resource ___ Separate OR ____ 504

Primary EC Area: ___ LD ___ BD ___ Mild/Moderate ID ___ Severe/Profound ID ___ Autism ___

**We must have on file with the school any documentation if applicable above*.*

***Is your child participating in Friday Lunches?* ___ Yes, __ No**

Will your child need before/after school care? ___ Yes, __ No

Parent Information

Custodial Parent/Guardian: _____ Relationship: _____

Address (if different from student): _____

Phone: Home _____ Cell _____ Work _____

Parent email: _____

Second Parent/Guardian: _____ Relationship: _____

Address (if different from student): _____

Phone: Home _____ Cell _____ Work_____

Parent email: _____

Are there custody issues concerning your child? ___ Yes, __ No

Court documents MUST be on file with school

Previous School Information

Previous School Name: _____ Phone: _____

School Address (Location): _____

Medical Information

Child's Physician: _____ Address: _____Phone: _____

Any Allergies: _____

Any medical condition or special health condition: _____

Emergency Contact Information (other than parents)

Name: _____

Adress: _____

Phone: _____

Relationship to Child: _____

Name: _____

Adress: _____

Phone: _____

Relationship to Child: _____

Authorized Pick-Up Information

(People other than parents, may be asked for identification)

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Enrollment Agreement Contract

You must meet all due dates that are established by CAM for all students. It is our goal to be as accommodating as possible with students and families in need; however, in the interest of all enrolled students, CAM must maintain strict and timely collection practices.

1. Account must be in good standing (no previous outstanding balance) when the agreement is initiated.

2. Payments must be received when the invoice is due.

3. The amount due each month is listed on BrightWheel invoice(s). Any inquiries regarding balances should be directed to the front office.

4. If a payment is not received by the prescribed deadline, the student may be subject to a $50.00 late fee on their total outstanding balance. If payment is not received by the tenth day following the due date, the payment plan will be cancelled, and the student's account will be placed on Financial Hold until the balance has been paid in full.

5. If a check is returned for insufficient funds and a fee is assessed by our bank, the parent will pay the full NSF Fee.

6. Payments received are first applied against the oldest outstanding amounts.

7. Failure to meet the terms outlined in this agreement may necessitate your child being dismissed from CAM.

I agree and have read and understood all the terms and conditions listed in this agreement.

Signature: _____ Date: _____

Tuition Agreement/Contract

Year: 2026-2027 For: _____ (Child's Name)

This contract is made upon enrollment between Central Arkansas Montessori (CAM) and yourselves as PARENTS/GUARDIANS.

1) Tuition fees are based on enrollment from 7:45-2:45 daily. Tuition is not prorated for any time periods when there are closures.
2) Tuition is due in advance according to the BrightWheel invoice date.
3) Parents have the option to pay tuition by check or cash to the front office. If paying by credit/debit card, parents must do so through BrightWheel billing.
4) There may be a variety of non-tuition fees incurred by a student including but not limited to field trips, aftercare, classroom fees and lunch options.
5) Parents or guardians are unconditionally responsible for payment of tuition. CAM, like other private schools, must strictly limit the circumstances under which tuition reimbursement can be made. The reason for such a policy is the practical difficulty in filling a previously reserved place after, or shortly before the start of the school year.
6) **A re-enrollment fee of $200.00 is due annually and secures your child's enrollment for the following school year. This fee is separate and does not accrue toward tuition payments. This fee is non-refundable. If you have more than one child enrolled at CAM, we will waive all sibling reenrollment fees, making it $200.00 per family. The pre-K sibling discount is 10% off tuition. The first student is charged full tuition, and each additional sibling receives a 10% discount.**
7) **Parents understand and agree that all children initially enrolled at CAM are on a six-week trial basis. If, in the discretion of leadership at CAM, it is determined that a child and our program are not compatible, the child may be disenrolled. (Great care is taken in the interview process to alleviate the necessity for such action). Parents receive a prorated portion of the balance of tuition paid as detailed above**.
8) CAM reserves the right, in its sole discretion, to dismiss a student at any time where the school determines that A) the child is not benefiting by attendance at school, or B) the student's behavior is an impediment to the safety and well-being of the child's peers.

CAM reserves the right, in its sole discretion, to revoke enrollment at any time when it deems necessary. If admission is revoked, CAM reserves the right to determine whether any portion of tuition or deposits will be refunded.

Students will not be allowed to remain in the school if the account becomes in arrears. In the event an attorney is employed to collect any amount due here under, the parents agree to pay all attorney fees and costs incurred by CAM for the collection of the amount due. CAM charges annual tuition for the school year. The tuition payment obligation remains the same each month regardless of the number of days in school, attendance, vacations, family emergencies, school closures, holidays, student illness and any other reason my child does not attend school.

Signature: _____ Date: _____

Signature: _____ Date: _____

Parent/Partner Commitment Form

We, the family community of CAM, agree to be consistent with this commitment form to enhance the educational experience for our child(ren). In doing so, please initial next to each item below to confirm understanding of and agreement with the commitment stated. **We request that both parents/guardians sign the form if possible**, and please let us know if another form is required for additional parents/guardians.

__ __ I have read and will abide by the guidelines and policies in the CAM Parent Handbook. While I may not agree with all policies, I recognize that our children are expected to respect the rules while at school or during school-sponsored activities, and that we as parents must respect the policies of the school. If I have any questions regarding policies laid forth, I will contact the school director for clarification within 10 days of receiving the handbook.

__ __ I accept the financial responsibilities and policies described in the Handbook. I understand that tuition payments are due upon receiving invoice(s). I also understand that absences (for any cause), are nonrefundable, as are school closings for holidays, inclement weather, parent conferences, school repairs, etc.

__ __ I will maintain consistent attendance for my child and notify the school of any absences by 8:00 AM. I will also inform the school of any planned vacations, especially if my child participates in Friday lunches. Students will not be admitted after 8:30 AM unless a doctor's excuse is provided. Children must be picked up on time, or a late fee of $1.00 per minute will be charged after 3:05 PM.

__ __ I have read and agree to abide by the sick policy as laid out in the Handbook. I will not give my child fever-reducing medications to mask the illness before school.

__ __ I have read the withdrawal requirements in the Handbook and understand at least 30 days' notice must be given before withdrawing my child from CAM. If I give less than 30 days' notice, I agree to pay for the lost tuition of (up to) 30 days, or until my spot is filled, whichever is earlier.

__ __ I will provide a healthy, nutritious lunch for my child that does not include candy or soft drinks. Lunches may not be delivered through services such as DoorDash. All lunches must be packed in a lunchbox.

__ __ I will attend Parent-Teacher conference and will communicate with teachers regarding any behavioral issues discussed.

__ __ I will volunteer to help with school or classroom events.

__ __ I will treat the staff, parents, and children with respect and kindness. We agree to uphold our responsibility to make CAM a gossip-free environment. Any concerns or questions shall be communicated directly to the Director, Laure Birchfield. I recognize that modeling respectful behavior for our children is important to the well-being not only our children, but our school community.

__ __ I have read, understand, and agree to follow CAM discipline policy as laid out in the Handbook.

Signature: _____ Date: _____

Signature: _____ Date: _____

Tuition Payment and Enrollment Terms

Tuition payments may be made by cash or check (payable to Central Arkansas Montessori) on the 1st of each month. If payment is not received by the 3rd of the month, a $50.00 late fee will be applied. A $35.00 fee will be charged for any returned checks. Bank auto-draft payments are also available through Brightwheel. Parents must set up this option within their child's Brightwheel account.

Payment Options:

- Pay-in-Full Option
  Receive a $100.00 discount when tuition is paid in full by August 1, 2026, or within 10 days of acceptance. This option includes payment of all enrollment fees.
- Monthly Payment Plan
  Tuition may be paid in ten equal monthly payments, due on the first business day of each month, beginning August 1 and ending in May. Enrollment fees may be paid in full regard or included in the monthly payments.

Date deposit paid: _____ Method of Payment: _____

Signature (Director): _____

2026/2027 Tuition and Fees

Tuition	$7,500.00
Supplies Fees	$350.00
Building Fees	$300.00
Snack/Textbook Fee	$200.00

Total $8,350.00 divided by 10 equal months= **$835.00 per month**

LEARNS funding will cover $7,208, leaving a monthly payment of $114.20 DUE EACH MONTH.

After school care rates are $250.00/monthly. After/before school care is separated from tuition.

Will your child need before/after school care? ___ Yes, __ No

Friday Lunches

During the school year we offer Pizza on Friday's.

Can ONLY be paid for each semester and **NON-REFUNDALE**.

1st Semester: $65.00

2nd Semester: $65.00

Will your child be participating in Friday lunches for both semesters: ___ Yes, __ No

Parent/Guardian Signature: _____ Date: _____

Parent Permissions

I, _____, parent/guardian of _____

(print name) (print child's name)

Please mark appropriate box:

Permission for photography of my child on our social media platforms. ___ Yes, __ No

Permission for my child to be transported by staff in the event of an emergency. ___ Yes, __ No

Permission for staff to apply sunscreen. Must be provided by parents. ___ Yes, __ No

Permission to give child Tylenol or Ibuprofen. ___ Yes, __ No

Permission to apply insect repellant spray. ___ Yes, __ No

Parent/Guardian Signature: _____ Date: _____

Authorization for Student Record Request

I hereby authorize the above-named previous school/center to release all educational records for my child to:

School Name: _____

School Address: _____

School Phone Number: _____

These records may include, but are not limited to:

- **Academic Records**
- **Attendance Records**
- **Health/Immunization Records**
- **Behavioral Reports**
- **Individual Education Plans (IEP), if applicable**
- **Any other records pertaining to my child's enrollment**

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Prescription Medication Form

Student Name: _____
Date of Birth: _____
Class/Teacher: _____

Medication Information
Name of Medication: _____

Condition/Illness Being Treated:

Dosage (amount to be given): _____

Time(s) Medication is to be Given at School:

Route of Administration (check one):
☐ By mouth
☐ Inhaled
☐ Applied to skin
☐ Other: _____

Start Date: _____
End Date: _____

Physician Information
Physician Name: _____

Physician Phone Number: _____

Parent/Guardian Authorization
I authorize school personnel to administer the above prescription medication to my child as directed. I understand that:

- Medication must be in the original pharmacy-labeled container.
- The label must include the student's name, medication name, dosage, and instructions.
- I am responsible for providing the medication and picking it up when no longer needed.
- The school is not responsible for missed doses due to absence or schedule changes.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____