

5200 E. Hwy 377  
 Granbury, TX 76049  
 Phone: 817-573-3510

E-mail: [j.fazio@fdma.info](mailto:j.fazio@fdma.info)

Visit our website at [www.firstdiscoveries.info](http://www.firstdiscoveries.info)

**2020 – 2021 School Year**



Please print clearly

(First)	Student's Name		(Last)	Application Date		
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Birth date		Nickname		
Returning Student <input type="checkbox"/>		New Student <input type="checkbox"/>		Alumni Family Re-enrolling		
Home Address Street				City	State	Zip Code
Siblings Attending FDMA						
Previous School(s) Attended						
Program Preference		Infant (6 weeks – 18m) <input type="checkbox"/>		Toddler (18m-3y) <input type="checkbox"/>		Primary (3y-5y) <input type="checkbox"/>
Kinder – 2nd <input type="checkbox"/>						
<b><u>Time Preference Infant / Toddler / Primary</u></b>						
(Mon - Fri)		9:00 am -3:00 pm <input type="checkbox"/>		\$536.50 per month		7:30am-5:30pm <input type="checkbox"/>
\$736.50 per month						
<b><u>Time Preference Kinder – 2nd</u></b>						
(Tues/Wed/Thurs)		8:30 am -3:00 pm <input type="checkbox"/>		\$365.00 per month		(Mon – Fri) 8:30 am – 3:00pm <input type="checkbox"/>
\$670.00 per month						
(Mon – Fri)		7:30 am – 5:30pm <input type="checkbox"/>		\$736.50 per month		

Father's Name (First)		(Last)	Mother's Name (First)		(Last)
Home Phone Number			Home Phone Number		
Cell Number			Cell Number		
E-Mail Address			E-Mail Address		
Employer			Employer		
Occupation			Occupation		
Employer Phone Number			Employer Phone Number		

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

I give consent for the facility to secure any and all necessary emergency medical care for my child.  
I give consent for my child to be transported in case of emergency.

Yes       No

Signature - Parent or Legal Guardian

Date

### MEDICAL HISTORY

Prior to the first day of school the Health Requirements form, including current immunization record, must be submitted to the school office. The immunization record is required to remain current while your child is in attendance. Please submit updated shot records as they occur.

1. Any known allergies?

2. Dietary restrictions?

3. Does your child have any special conditions or needs that the school should be made aware of for safety of your child and other children?

### Emergency Contact Persons

I hereby authorize First Discoveries Montessori Academy to allow my child to leave the child care facility **ONLY** with the following persons. The following persons may be contacted in the event of an emergency to pick up the child if parents cannot be reached. *(Please list individuals other than parents of the child.) Additional sheets may be attached if required.*

1.	2.	3.
Address and Phone Number <b>(required)</b>	Address and Phone Number <b>(required)</b>	Address and Phone Number <b>(required)</b>

### Authorized Pick Up

I hereby authorize First Discoveries Montessori Academy to allow my child to leave the child care facility **ONLY** with the following persons. *Additional sheets may be attached if required.*

1.	2.	3.
Address and Phone Number <b>required</b>	Address and Phone Number <b>required</b>	Address and Phone Number <b>required</b>

### SPECIAL ACTIVITIES PERMISSION

I hereby give **or** do not give my consent:

For my child(ren) to be photographed and used for school purposes.  Yes     No

For my child(ren) to participate in supervised water activities such as sprinkler play.  Yes     No

For my family to be included in the School Directory.  Yes     No

## REGISTRATION FEE - ENROLLMENT FEE - AND PROCEDURES

**New students:** Enrollment applications must be accompanied by a **\$50 non-refundable** application fee. Please submit one application for each child. The submittal of the application and fee places your child's name in the waiting pool. When a vacancy has been identified, an assessment will be scheduled for the child prior to enrollment registration. The assessment is intended to determine the child's readiness for school and class placement. Upon acceptance, a parent orientation is conducted to establish mutual understanding between the school and the family and to collect all required fees to finalize enrollment. We also assess an annual Activity/supply fee (Sep. – May each year and prorated as necessary) of \$150 for 1 child or \$250 for 2 or more children.

**All application fees are non-refundable.**

## SIBLING DISCOUNTS

A 10% tuition discount is given on the lower tuition for enrolled siblings.

## WITHDRAWAL PROCEDURES

**Please initial that you have read the following withdrawal procedure.**

All new students are accepted on a six-week trial basis. The six-week trial enrollment serves to determine if FDMA can meet the child's and/or parent's needs and at any time during the six-week trial the school can determine if a child should continue at FDMA or not. Tuition and fees are non-refundable except for school-initiated dismissal. The school reserves the right to terminate the attendance of any student or family whose presence is considered by the school to be detrimental to the best interest of the school. Student records can be released once all financial obligations have been met.

Families must give a 2 week written notice to withdraw a child. Any child withdrawn without a notice will be billed for two weeks of tuition.

I acknowledge receipt of the **Parent Handbook**.

\_\_\_\_\_  
**Signature - Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

## ENROLLMENT CONTRACT

Tuition is payable on the first of each month commencing with the child's first month of attendance. A 10% tuition discount is applicable for the second child enrolled (on the lower tuition). Monthly tuition is due the 1<sup>st</sup> of each month. A late fee of \$5 a day will be added beginning on the 6<sup>th</sup> day. Children for whom tuition has not been paid by the 10<sup>th</sup> of the month shall not be allowed to return to school until the tuition is paid. If tuition is paid weekly, the tuition is due on Monday. Tuition is considered late on Tuesday and will incur a late fee of \$5 a day beginning on Wednesday until tuition is paid in full. If tuition is not paid by in full by Friday the child will be unable to attend school until the tuition is paid. The deposit on file is forfeited and applied to the outstanding tuition for that month. A \$25 charge will be assessed for returned checks. **Refunds or allowances in tuition cannot be made to compensate for absences in the event of illness, vacations, school holidays such as Thanksgiving and Christmas Holidays, or other circumstances.**

I [we] \_\_\_\_\_ [parent(s) name] agree to pay First Discoveries Montessori Academy, Inc. the net monthly tuition for my (our) child \_\_\_\_\_. Enclosed is my non-refundable application fee of \$50, plus my non-refundable activity/supply fee of \_\_\_\_\_, plus two week's tuition (**deposit**) of \_\_\_\_\_ which will secure my child's enrollment at First Discoveries Montessori Academy. I hereby agree to relieve the school and its Directors of any liability for injury or accident occurring on the school premises or while on field trips. We give permission for the taking of photographs or video of this child as a student at the school. A copy of the Texas Department of Human Services "Minimum Standards" is available in the school office for parents who wish to review it. In signing this application, the parent or guardian agrees to abide by the policies and procedures stated above and those stated in the Parent Handbook.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Responsible for Tuition Payment

Director's Signature

Date

All children regardless of race, color, creed, nationality, or ethnic origin are eligible for enrollment.

**OFFICE USE ONLY**

Application Fee	Enrollment Fee	Activity Fee	Deposit
Enrollment Date		Program	
Classroom		Secondary Classroom	

**CHILD ASSESSMENT FORM**

**STUDENT NAME:**

**Birth:** \_\_\_\_\_ Term \_\_\_\_\_ Premature \_\_\_\_\_ Adopted

**Trauma at Birth:** \_\_\_\_\_ **Early Illnesses:** \_\_\_\_\_

**Toilet Training:** \_\_\_\_\_ (age completed) **Formed Sentences:** \_\_\_\_\_ (age began)

**Use of Hand:** \_\_\_\_\_ Uses Right Hand \_\_\_\_\_ Uses Left Hand \_\_\_\_\_ Uses Both

**Eating Habits:** \_\_\_\_\_ Good \_\_\_\_\_ Poor

**Sleeping Habits:** \_\_\_\_\_ Falls asleep easily \_\_\_\_\_ Falls asleep with difficulty  
\_\_\_\_\_ Difficulty sleeping through the night \_\_\_\_\_ Difficulty waking

**What time does your child go to bed at night?** \_\_\_\_\_ **Get up in the morning?** \_\_\_\_\_

**Does your child nap?** \_\_\_\_\_ **If so, how long?** \_\_\_\_\_

**How does your child appear in his/her movements:** \_\_\_\_\_ Coordinated or \_\_\_\_\_ Uncoordinated

**Check all that pertain to your child:**

\_\_\_\_\_ Allergies Please Note:

\_\_\_\_\_ Medication Please List:

\_\_\_\_\_ Asthma \_\_\_\_\_ Ear Infections \_\_\_\_\_ Headaches \_\_\_\_\_ Accident where unconscious

\_\_\_\_\_ Colicky Baby \_\_\_\_\_ Stomach Aches \_\_\_\_\_ Epilepsy

\_\_\_\_\_ Seizures \_\_\_\_\_ Convulsions \_\_\_\_\_ Eye Problems

**Does your child have any special fears?**

**Has your child ever had any diagnostic testing for a behavior or learning difficulty or development delay?** \_\_\_\_\_

**Child's favorite foods:**

\_\_\_\_\_

**Foods your child dislikes:**

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**PREVIOUS SCHOOL EXPERIENCE**

**Name of Prior School/Center:**

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**Hours of Day Spent in Program:**

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**Days of Week Spent in Program:**

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**Dates Attended:**

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**Describe Your Child's Adjustment to School:**

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**Does your child have any special needs? If so, please share this information so we can better understand and respond to your child.**

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**Why did you choose our center?** \_\_\_\_\_

**FAMILY HISTORY**

**Has your child separated from you prior to this time?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**How does he/she relate to siblings?** \_\_\_\_\_

**Are there any stepparents?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**What relatives live close by?**

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**Three things our family enjoys doing together:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please list traditions important to your family:**

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**What special holidays does your family celebrate?**

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**Are there favorite cultural materials or celebrations that you would be willing to share with the class/center? Please list:**

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**BEHAVIOR**

**Please check any of the following that describe your child:**

Happy       Irritable       Distractible       Impulsive       Shy  
 Excitable       Immature       Active       Empathetic  
 Daydreams       Cooperative       Sad       Confident  
 Fearful       Teary       Affectionate       Perseveres  
 Adventurous       Patient       Bossy       Sensitive

**Check any of the following in which your child shows sensitivity:**

Touch/Kinesthetic Stimuli  
 Sound/Auditory Stimuli  
 Light/Visual Stimuli

**Who, besides yourself, is entrusted with the care of your child? Number of hours?**

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**How much time does your child spend with other children?**

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**How does your child respond to groups?**

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**Is your child involved in any activities outside of school? If yes, please list:**

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**What activities does your child particularly enjoy?**

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**LANGUAGE DEVELOPMENT**

**What is your child's first language? \_\_\_\_\_ Second Language? \_\_\_\_\_**

**Does your child use language to express him/herself?  Yes  No**

Is your child's speech understood by others? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PARENTING**

**How does your child handle frustration?**

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**What approach to discipline do you use?**

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**Please list any problems your child may be experiencing at this time.**

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**How is this problem being handled?**

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**How much time does your child spend watching television?**

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**What aspects of your child's development would you like most to see the school develop?**

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Parent's Signature

Date

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Director's Signature

Date

Director's Notes:

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