



Application and Enrollment

Enrollment Fees: Enrollment fees are ***non-refundable and non-transferable***. All fees must be paid in full at the time of registration and must be submitted with a completed enrollment packet, birth certificate, health certificate, and shot record to secure your child's placement in our program. These fees must be paid at the time of registration, with the exception of summer camp students and students enrolled in VPK who are attending school during VPK hours only.

Cost of Enrollment: \$425 per family

Additional Funding: Atlantis Montessori Academy accepts School Readiness and VPK Vouchers through the Early Learning Coalition of Flagler and Volusia County. We also accept the Step Up for students Unique Abilities and Home Education Program Scholarships.

VPK: Children must live in Florida and be 4 years old on or before Sept. 1 of the current school year to be eligible. If their fourth birthday falls Feb. 2 through Sept. 1 in a calendar year, parents can postpone enrolling their child in VPK that year and wait until the following year when their child is 5. The state of Florida offers free prekindergarten to all 4-year-olds for a total of 540 instructional hours. This voucher does not cover all tuition costs. Additional fees may apply for children enrolled in morning care, aftercare, and/or summer camp.

School Readiness: If you meet certain income, occupational, and educational guidelines, you may be eligible for School Readiness, which is provided by the Early Learning Coalition. Please visit elcfv.org for complete information. This voucher does not cover all tuition costs; typically, a minimum amount of tuition is suggested by the ELC for the parent to pay (i.e., parent amount). If approved, you will be responsible for the tuition difference if our tuition exceeds the recommended parent amount suggested by ELC.

If payments are not made on time, your child's account will be placed on suspension until all past-due balances are paid in full, at which time your child may return to school. Families with accounts more than 1 month past due may not return until the balance is paid in full.



Enrollment Policies

Admissions: *Applicants to Atlantis Montessori Academy are accepted based on age, previous experience, and a family interview.* We welcome children of any race, creed, or ethnicity. The admission process continues throughout the year. Placement of new students is determined by school staff in consultation with the parents. Consideration is given to available spaces in our programs and class composition. If classes are full, applicants will be placed on a waiting list, with students previously enrolled at the school having priority and their siblings, second priority. A **non-refundable Application Fee** is required to process your child's application.

Enrollment: Upon acceptance, you must pay all applicable fees. **Please include a copy of your child's most current health and immunization records as well as a copy of your child's birth certificate with the enrollment packet.** Applications for enrollment will be processed only after all enrollment fees have been paid, and a completed application form, shot record, health form, and birth certificate have been turned in to the school office.

Tuition Adjustments: For families with multiple children enrolled at Atlantis Montessori a 10% discount will be applied towards the cost of tuition for each additional child that is enrolled.

Payment Terms: All payments are processed through Tuition Express. Parents may choose to pay tuition in monthly or weekly payments. All Payments processed by credit card will incur a 4% processing fee. All Payments drafted by A.C.H will incur a \$1 processing fee. Morning care and aftercare payments are processed on Mondays and are processed one week in advance. Payments for the Academic School Year begin on August 1st and end on May 1st. Declined payments will incur a \$35 fee. **A \$50 late fee will be applied to payments that are not processed by the fifth of each month.** If payments are not made on time your child's account will be placed on suspension until all past-due balances are paid in full, at which time your child may return to school.

Withdrawals: *A signed 90-day written notice of intent to withdraw is required for release from this contract. You will be responsible for tuition during the 90-day notice whether your child attends the program or not.* Records will be released when the account is paid in full.

Tax Benefit Note: An income tax credit for child-care costs may be available for families in which both parents work or a single parent works. Please consult your tax professional. All tax forms and payment info can be found and printed at Myprocare.com.



Before and After Care Programs

All account balances must be in good standing to use before and after school care. Please inform the office if your child will be participating in any extended day programs and submit the necessary forms. **Advance notice must be given for children attending before and after care to ensure proper staffing.** Children not picked up at their scheduled dismissal time will be placed in the extended day program and parents will be billed the weekly rate for extended care.

Morning Care: Morning care is available from 8:00 a.m. to 8:30 a.m. for families in need of care before the 8:30 a.m. arrival time for an additional fee of \$25 per week for enrolled students.

After Care: Extended Care is available for full-day students from 3:00 p.m. to 5:30 p.m. This service is provided for an additional fee of \$50 per week for enrolled students. Students picked up after 5:30 will incur a \$1 per minute additional charge for every minute they are picked up after 5:30 pm. If excessive lateness occurs the rate will increase to \$5 per minute.



Application for Admission 2025 - 2026

Hours of Operation: 8:00 a.m. - 5:30 p.m., Monday through Friday.

Application is hereby made for the admission of _____ on ____/____/2025.

DOB ____/____/____ Age on September 1st 2025 : ____ yrs. ____ mos. (ex. DOB 06/01/21, 3 yrs 3 mos.)

Gender _____ Academic School Year _____ Desired Start Date _____

Half Day _____ Full Day _____ Before Care _____ After Care _____

Summer _____ Week 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Family Information:

Mother's Name: _____ Father's Name: _____

Social Security Number: _____ Social Security Number: _____

Home Address: _____ Home Address: _____

City/Zip: _____ City/Zip: _____

Home Phone: _____ HomePhone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

E-mail: _____ E-mail: _____

In signing this agreement, the parent or guardian has read the front and back of the Application for Admissions, and agreed to all policies and procedures stated. Both parents must sign below.

Mother's Signature: _____ **Date:** ____/____/____ **Phone:** ____-____-____

Father's Signature: _____ **Date:** ____/____/____ **Phone:** ____-____-____

To be completed by Administration:

Status: Accepted _____ Wait List _____ **Application Fee received on** _____ **by:** _____

Enrolled on: _____ **Enrollment Fee received on** _____ **by:** _____ **Snack Fee received on** _____ **by:** _____ **2025 - 2026**



Atlantis Montessori Academy

Tuition Contract: ENROLLMENT/TUITION RATES Atlantis Montessori Academy 4390 Grand Ave. DeLeon Springs FL 32130

Enrolling child's name: _____ Desired Start Date: _____

Date of Birth: ____/____/____ Age: ____ Age as of September 1: _____ Gender: ____ Start Date: _____

Desired Programs	Academic Program	Hours	Days	Tuition and Rates
	Half Day Ages 2.5 to 5	8:30 a.m. - 11:30 a.m. 12:00 p.m. - 3:00 p.m.	Monday - Friday	\$7,000 Year, \$700 Month/ \$194.44 week
	All Day VPK with ELC Voucher	8:30 a.m. - 3:00 p.m.	Monday - Friday	\$150.00 a week
	Full Day Ages 2.5 to 5 Home School Program K-1st grade	8:30 a.m. - 3:00 p.m.	Monday - Friday	\$8,000 year, \$800 Month/ \$222.22Week \$9,500 year, \$950 Month/\$264.00 Week
	Summer Camp Ages 2.5 to 7	8:30 a.m. - 3:00 p.m. 8:30 a.m. - 11:30 p.m.	Monday-Friday	\$222.22 Week Full Day \$194.44 Half Day
	Morning Care After Care	8:00 a.m. - 8:30 p.m. 3:00 p.m. - 5:30 p.m.	Monday - Friday	\$25 Week \$50 Week

***Short months, vacations, holidays, closures due to natural disasters or government mandates, and absences do not reduce payment amounts. Payments may be processed weekly, monthly, or in one full payment. A 5% discount will be applied to all payments made for the full Academic Year Tuition Rate before June 1st. A 4% charge will be added to all credit card payments. A \$1 ACH fee will be added to all payments automatically debited from a Checking or Savings account.**

Enrolling in ____ Summer ____ Academic School Year

* Payments are to be drawn ____ Monthly ____ Weekly ____ 1 Full Payment on June 1st

Withdrawal: A signed 90-day advanced written notice of intent to withdraw is required for release from this contract. You will be responsible for tuition during the 90-day period whether your child attends the program or not. Written notice must be received before May 1st to release you from financial obligations prior to your 1st tuition payment due on August 1st. Written notice must be emailed to admin@atlantismontessori.com. No other written communication or verbal communication will warrant a release from financial obligations.

I/We the person(s) responsible for paying tuition for the applicant have read both the front and back pages of the Atlantis Montessori Academy, Inc. Tuition Contract. I/We understand and agree to comply with all rates, terms, and conditions. **Both parents and all Legal Guardians must sign below.**

Mother's Signature: _____ Date: ____/____/____ Phone: ____-____-____

Father's Signature: _____ Date: ____/____/____ Phone: ____-____-____

Legal Guardian's Signature: _____ Date: ____/____/____ Phone: ____-____-____



EMERGENCY INFORMATION RECORD

CHILD'S NAME: _____ D.O.B: ____/____/____
Last First Middle

ADDRESS: _____

City State Zip

MOTHER'S NAME: _____ Day phone: _____

Work Phone: _____ Cell Phone: _____

Occupation/ Employer: _____

FATHER'S NAME: _____ Day phone: _____

Work Phone: _____ Cell Phone: _____

Occupation/ Employer: _____

Emergency Contacts

We are required by DCF to have a MINIMUM OF THREE local emergency contacts other than parents. Please list adults who may be called in case of an emergency and/or are allowed to pick up. Check appropriate spaces.

1. Non-Parent Name: _____ Emergency Contact _____ Pick Up _____

Relation: _____ Daytime Phone : _____ Cell Phone: _____

2. Non-Parent Name: _____ Emergency Contact _____ Pick Up _____

Relation: _____ Daytime Phone : _____ Cell Phone: _____

3. Non-Parent Name: _____ Emergency Contact _____ Pick Up _____

Relation: _____ Daytime Phone : _____ Cell Phone: _____

4. Non-Parent Name: _____ Emergency Contact _____ Pick Up _____

Relation: _____ Daytime Phone : _____ Cell Phone: _____



AGREEMENTS: Please initial each item and sign below.

_____ I will pay the full tuition as indicated per the current published schedule. Tuition is not subject to adjustment because of illness, holidays, absence, unannounced withdrawals, or mandated state or government closures due to pandemics and/or natural disasters.

_____ I understand that completion of a school year is necessary for consistency in my child's education. I am accordingly enrolling my child for the full school year [or remainder thereof]. I understand furthermore that Montessori philosophy embraces three learning cycles considered fundamental to every child's education; namely, Primary[3-6 years].

_____ I agree that, if I should decide to withdraw my child from the program at anytime, I will email the administration at admin@atlantismontessori.com and submit written notice 90 days in advance, or assume responsibility for three month's tuition beyond un-notified withdrawal.

_____ The Head of School has the right to request the withdrawal of a child at any time if it is deemed to be in the best interest of the student body. In this event, compensation will be made for prepaid tuition.

_____ A current medical exam, immunization record, and birth certificate will be submitted before admittance to the class.

_____ I agree to attend parent information meetings and conferences as listed on the school calendar. The School can best assist a child's development when communicating effectively with the child's primary care providers.

_____ I agree to follow procedures and policies explained in the Parent Handbook and memos to parents. I understand that my child may be asked to leave the program if parents are not complying with the school's policies and procedures.

_____ In case of emergency, permission is granted for my child to be treated at a hospital.

_____ I acknowledge and agree that I have read the Parent Handbook located on the schools webpage at atlantismontessori.com and that I understand it and agree to adhere to its policies.

_____ I agree to have my contact information listed in the school directory

_____ I agree to permit the participation of my child in portrayals of school activities in photographs, films, slides, or other representations of the school.

_____ I agree to permit the participation of my child in any field trips organized by the school.

_____ I reviewed a copy of and agree to adhere to the rules and guidelines set forth in The Atlantis Montessori Handbook. Including the Food, Discipline, and Illness Policies. I received a copy of the DCF required literature; "Know Your Child Care Facility", "The Distracted Adult", "The Riyla Wilson Act", and the Influenza forms. All of these forms can be found and accessed on our webpage.

Signature: _____ Date: _____



EDUCATIONAL AND FAMILY BACKGROUND

Please answer the questions applicable to your child's age

- Please list any schools/daycare centers your child has attended:

Name of School _____

City, State: _____ Dates Attended: _____

Name of School _____

City, State: _____ Dates Attended: _____

- Describe your child's first transition from parental care:
- Please explain reasons for changing schools if applicable:
- Describe your child's greatest interest or favorite activity:
- Does your child have any clinically diagnosed learning differences?
- Has any testing, tutoring, or counseling been suggested for your child (eg. physical, occupational or speech therapy)? If so, what steps were taken?
- Why do you want your child to attend a Montessori school?

Continued on the next page



Family and child care information questions:

• Siblings:

Name: _____ **Age:** _____ **School:** _____

Name: _____ **Age:** _____ **School:** _____

Name: _____ **Age:** _____ **School:** _____

Name: _____ **Age:** _____ **School:** _____

• Describe relationship between siblings:

• Child Lives With:

Weekdays-

Weekends-

• Custody: Mother ____ Father ____ Both ____ Other ____



MEDICAL INFORMATION

ALLERGIES/DIETARY RESTRICTIONS:

CURRENT MEDICATIONS:

OTHER CONCERNS:

PHYSICIAN:_____

TELEPHONE:_____



Field Trip Release Form 2025/2026 School Year

I grant permission for my child, _____, to participate in field trips including walking field trips off the school campus throughout the year (2025-2026).

Signature of Parent or Guardian

Date

Discipline Policy

There are only three important rules in the classroom. The three rules are: we do not hurt, destroy, or disturb. If a child is having difficulty following the rules, he or she first is reminded quietly, then redirected by being asked what work he or she would like to choose. We have found this method to be very effective. If the problem persists, the child is removed from the setting temporarily to think about what he or she would like to do depending on the situation. They are then given the choice of going back to work when ready.

While on the playground we allow the children to interact freely. Often they settle their disagreements. We do step in if the play or actions could result in injury to anyone. Specific rules for using playground equipment are taught and enforced. Children may not be denied active play as a consequence of misbehavior. Methods of discipline practices will not include the use of spanking or other forms of physical punishment, nor should they be associated with food, rest, and/or toileting. Discipline methods permitted are age-appropriate and constructive.

Our classrooms are social environments. The children are engaged not only in academic learning but also in learning the rules of social interaction. This is not possible in an environment that inhibits interaction between students. As long as an interaction does not hurt, disrupt, or disturb, it is allowed.

Signature of Parent or Guardian

Date

“A child's liberty should have as its limit the interests of the group to which he belongs. Its form should consist in what we call good breeding and behavior. We should therefore prevent a child from doing anything which may offend or hurt others, or which is impolite or unbecoming. But everything else, every act that can be useful in any way whatever, may be expressed.”

-Maria Montessori, The Discovery of the Child, chapter 3, page 5



Atlantis Montessori
2025-2026 School Calendar

August 11, 2025	Teachers/Staff Report Back to School Full Time	
August 18-20, 2025.....	Orientations	
August 21, 2025	First Full Day of School	
September 1, 2025	No School	Labor Day
October 31, 2025.....	Half Day	Halloween Celebration
November 11, 2025.....	No School.....	Veteran's Day
November 21, 2025.....	Half Day.	Thanksgiving Celebration
November 24-28, 2025.....	No School	Fall Break
December 1, 2025	Classes Resume	
December 19, 2025.....	Half Day.....	Last day of school before Winter Break
December 22, 2025 – January 2, 2026....	No School.....	Winter Break
January 5, 2026	Classes Resume	
January 19, 2026.....	No School	Martin Luther King, Jr. Day
February 16, 2026.....	No School	President's Day
March 13, 2026	Half Day.....	Last Day of School before Spring Break
March 16-20, 2026.....	No School.....	Spring Break
March 23, 2026... ..	Classes Resume	
April 3, 2026.....	Half Day.....	In observance of Good Friday
May 25, 2026.....	No School.....	Memorial Day
May 29, 2026.....	Half Day.....	Last Day of School for Students