



New World Montessori School Parent Checklist for Student Enrollment

The following forms must be submitted for enrollment before school starts. Please fill out all forms completely before enrollment. Use this checklist to make certain that you have everything you need.

1. Enrollment Information Form. (Please print, fill out completely and sign.)
2. Medical/Parent Statement
3. Shot Record Copy (updated)
4. Enrollment Agreement
5. Parent Commitment Sheet
6. Children's Risk Assessment – TB Questionnaire
7. New World Montessori School Disclosure

New Students and/or Transfers must also submit the following:

1. Birth Certificate Copy
2. A Brief Biographical Account Sheet
3. Copy of Last Progress Report Card (Transfers only)
4. Receipt of Parents' Handbook (at Orientation Meetings)



New World Montessori School

3510 N. Yarbrough
 El Paso TX. 79925
 Tel: (915) 593-8091 Fax: (915) 593-8268
 Email: n.montessori@sbcglobal.net
Enrollment Information

STUDENT

Last Name:	First:	Middle:
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Birth date: Age: Years Months
Place of birth:	Social Security Number:	

Previous School Experience:

Name of School:	Duration:
Name of School:	Duration:

Mother/Guardian	Father/Guardian
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Mother's name:	Father's name
Marital status: SS#:	Marital status SS#:
Home address: zip code:	Home address zip code:
Home phone:	Home phone:
e-mail:	e-mail:
Occupation:	Occupation:
Business address: zip code:	Business address: zip code:
Business Phone:	Business Phone:
Student's siblings: (names) (ages)	Student's grandparents: (names)

Session Attending:

Young Children's Community:	Half Day	8:30 – 11:30	<input type="checkbox"/>
	Full Day	8:30 - 3:00	<input type="checkbox"/>
Children's House:	Half Day	8:30 – 11:30	<input type="checkbox"/>
	Full Day	8:30 – 3:00	<input type="checkbox"/>
	Extended Day (5 yr. olds)	8:30 – 3:00	<input type="checkbox"/>
Lower Elementary		8:30 – 3:15	<input type="checkbox"/>
Upper Elementary		8:30 – 3:15	<input type="checkbox"/>
Child Care:	Early Bird	7:00 – 8:00	<input type="checkbox"/>
	After School	3:00 – 4:00	<input type="checkbox"/>
		4:00 – 5:00	<input type="checkbox"/>
		5:00 – 6:00	<input type="checkbox"/>

PERMISSION FOR FIELD TRIPS AND PHOTOS

I hereby give () do not give () my consent for my child to participate in field trips.

- () my child may participate in field trips that involve water sports.
- () my child may **NOT** participate in field trips that involve water sports.
- () my child may be transported by the school personnel to field trips.
- () my child may **NOT** be transported by the school personnel to field trips.

Parent comments: _____

By signing this form I authorize New World Montessori School to take photos and video images of my child during school activities for the Yearbook, web site, memories, graduation show, and advertising.

Signature of Parent or Legal Guardian

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the N.W.M.S. Principal or person in charge to take my child to:

Name of Physician _____ Telephone # _____

Name of Hospital _____ Telephone # _____

Insurance Name: _____ ID #: _____ Group #: _____

I give consent for New World Montessori School to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious conditions, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which the staff of our school should be aware of: _____

FOR NEW STUDENTS ONLY

On a separate sheet of paper write a brief biographical account of your child, and if possible, include any significant pre-natal experiences or developmental problems that your child may have encountered.

STATEMENT

New World Montessori School reserves the right of direct access to previous school records, and further reserves the right to withhold records of withdrawing students until all accounts are paid in full.

AUTHORIZATION TO RELEASE YOUR CHILD

My child may only be released to: (include day care bus service)

Names/relation _____

If for any reason, the personnel of N.W.M.S. is unable to reach parents or legal guardians, we may call:

Name _____ Address _____

Phone _____ Relation to child _____

Parent(s) / Guardian(s) Signature

Date

CHILDRENS RISK ASSESSMENT – TB Questionnaire

Name of Child _____

Organization NEW WORLD MONTESSORI SCHOOL Date _____

TB Questionnaire

Tuberculosis (TB) is a disease caused by TB germs and is transmitted by an adult with active TB pneumonia. It is spread to another person by coughing or sneezing TB germs into the air. The child may breathe in these germs.

Adult who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in their body but not have active TB disease (this is called latent TB infection or LTB)

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if you child has been infected with TB germs. No vaccine is available to use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

	YES	NO
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know; Has your child been around any adult with these symptoms or problems? Has your child had any of these symptoms or problems? Has your child been around anyone sick with TB?		
Was your child born in or has your child traveled to Mexico or any other country in Latin America, the Caribbean, Africa or Asia for longer than 3 weeks? If so, which country/countries? _____		
To your knowledge, has your child spent time with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?		

Has your child been recently tested for TB? Yes ___ (If yes, specify date ___/___/___) No ___

Has your child even had a positive TB skin test? Yes ___ (If yes, specify date ___/___/___) No ___



New World Montessori School
3510 N. Yarbrough
El Paso, Texas 79925

ENROLLMENT AGREEMENT

Academic Year _____

Total Tuition _____
 \$ _____

Registration Fee
 Due w/Agreement
 (Non-Refundable)
 \$ _____

First Plan
 Payment up-
 front
 \$ _____

Second Plan
 Due every 1st of
 the month
 \$ _____

THIS AGREEMENT is entered into, by, and between New World Montessori School (“School”), and the Parent or Guardian (“Parent”), whose signature appears below.

The parties hereto accept the following terms and conditions governing the child enrolled at the School.

- 1.- Parent agrees to enroll his or her son/daughter _____ in the _____ level for the _____ School year.
- 2.-The Parent and child agree to follow and adhere to the policies, rules and regulations of the school as currently set forth in the Parents’ Handbook and such other rules and regulations as may be promulgated hereafter by the School.
- 3.-The Parent agrees to pay the tuition and all fees for the level in which his or her child is to be enrolled in accordance with announced rates.
- 4.-The Parent understands and agrees that the child is enrolled for the entire school year, and the Parent is liable for the entire year’s tuition and fees upon the signing of this agreement; unless both parties agree on its termination,
- 5.-The fact that the School allows tuition to be paid in two or more payments does not create a fractional Agreement or in any way relieves the Parent of the responsibility for the entire year’s tuition and fees. Parent further agrees that the total amount due and payable to the School shall be considered as agreed upon liquidated damages between the parties to this Agreement.
- 6.-The Parent agrees that if payment of tuition is not made in accordance with this Agreement, the School shall have the right to refuse to admit the child to class. The Parent also agrees that the School shall have the right to withhold the transcript of the child’s academic records until all tuition and fees have been paid.
- 7.-The Parent further agrees that the undersigned will be responsible for all attorney’s fees and reasonable costs of collection for any outstanding amounts due under this contract.
- 8.-The parent agrees that his or her son/daughter _____ may participate in all school activities, including field trips and any school sponsored trip away from the campus unless the school receives written notice to the contrary.

Dated this ____ day of _____, _____.

 Parent(s) or Guardian(s) Signature

 New World Montessori School – Principal



NEW WORLD MONTESSORI SCHOOL
3510 N. Yarbrough
El Paso, Texas 79925

My Commitment Sheet

1. To be an involved parent on behalf of my child by:
 - **Doing my part** in the activities of the school so that my child will not only have wonderful memories of good times but of a parent who cared enough to be involved.
 - Attending **all Montessori Seminars and Meetings** and to make my parenting responsibilities a priority.
 - To follow the precepts and guidelines of the **Parent Handbook** so that my child may take full advantage of the educational opportunities at **New World Montessori School**.
2. To support **New World Montessori School** by:
 - Contributing to the two major Fund Raiser activities and drives according to my ability. I understand that **100% participation** in this effort is **required of ALL** parents.

Parent Signature

Date



MEDICAL STATEMENT

(TO BE COMPLETED BY A PHYSICIAN FOR NEW STUDENTS ONLY)

Date of Examination: _____

_____ has been examined by me and found free of infectious and contagious diseases and is physically and mentally able to participate in group activities.

Any allergies or special recommendations:

Physician's Signature

Address

Telephone



PARENTS' STATEMENT

Date of Examination: _____

My child _____ has been examined within the past year by a
(child's name)
licensed physician and is able to participate in the N.W.M.S. program.

Any allergies or special recommendations:

Parent or Guardian Signature

Phone #

Date



New World Montessori School
Volunteering Committees
2020 – 2021 School Year

Being involved in your child's activities is a most rewarding experience both for parents and children alike. Thus, you are invited to participate in any of the committees for volunteering parents.

You may join as many committees as you like. Please check the committee of your choice, complete and sign this form, and return it to the office as soon as possible. Dates for organizational meetings will be announced to all the committees through Newsletters and Monthly Calendars. Descriptions of each committee are in the back of this form.

1. Room Parents
2. Yearbook
3. Scholastic Book Fair
4. Elaboration & Restoration of School Materials
5. Fund Raiser Events
6. Field Trips Transportation and Chaperoning
7. Other, please specify _____

Because we are aware of your limited time, we would like to thank you in advance for your participation and cooperation!

Student Name _____

Classroom _____

Parent/Guardian Name _____

Home Telephone # _____

Cell # _____

e-mail _____

Parent/Guardian signature _____ Date _____

Description and responsibilities for the Committees

Room Parents – Parents who sign up for this committee will be called upon to organize school celebrations. They will assist in serving snacks during classroom meetings such as Orientation, Curriculum Seminars, etc.

Yearbook – Parents are asked to participate in the photo-taking aspect of the yearbook, as well as promoting sales. The work days are usually after school and/or on Saturdays (upon notification).

Scholastic Book Fair – Parents will be asked to contact, organize, and host the Scholastic Book Fair under the supervision of Mr. and Mrs. Portillo. This includes the Book Fair's closure on Family Night.

Elaboration & Restoration of School Materials – From time to time the teachers may ask parents in this committee to help restore the hand made materials, cut shapes, color pictures or repair other materials from the environment.

Field Trips Transportation and Chaperoning – This committee will assist mainly in the Lower Elementary and Upper Elementary levels. Parents signing up for this committee must be willing to transport and chaperone for the various field trips. Parents in this committee will be contacted by the front office as the occasion arises.



New World Montessori School Disclosure

Dear Parents,

In order for N.W.M.S. to be able to use photos of your children taken during events at school, for publicity purposes, like the introductory package for new parents or the school's web site, we must have a disclosure from parents. Please sign the bottom portion and return it to school along with the Enrollment package.

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New World Montessori School Disclosure

I certify that N.W.M.S. has my permission to use my child's (children's) snapshots for publicity purposes.

Student name	Level
1.	
2.	
3.	
4.	

Parent Signature _____ Date _____