



Casa Esperanza Montessori

A dual-language, non-profit preschool and charter school community/
una escuela pública y jardín infantil de lenguaje dual

2600 Sumner Boulevard Suite 130 Raleigh, NC 27616

Tel: 919.855.9811 FAX 919.855.9813 www.cemcs.org

Private Children's House Application/ Programa Privado Casa de Niños Immersion Program 2019-2020 School Year

Please check one:

- FULL DAY – DIA COMPLETO (8:05 a.m. – 3:00 p.m.)
 HALF DAY- MEDIO TIEMPO (8:05 a.m. – 12:00 p.m.)

Student Information / Información Sobre el Alumno

Last/Apellido

First/Primer Nombre

Middle/Segundo Nombre

Preferred/Tiene un Sobre nombre

Age of Student as of August 31, 2019/ Edad del alumno para el 31 de Agosto 2019: _____

Date of Birth / Fecha de Nacimiento: ____/____/____

Gender / Sexo: Male/varón Female/mujer

Parent Information / Guardian Information -- Información sobre Padres de Familia / Guardián

First Parent-Guardian Name/ Nombre Primer Padre/Guardián

Home Ph./ Tel. Casa

Work Ph./ Tel. Trabajo

Cell Ph/ Tel. Celular

Street Address/Dirección

City/Ciudad

State/Estado

Zip Code/Código Postal

Occupation/Ocupación

Employer/Lugar de Empleo

Email/Correo electrónico

Second Parent-Guardian Name/ Nombre Segundo Padre/Guardián

Home Ph./ Tel. Casa

Work Ph./ Tel. Trabajo

Cell Ph/ Tel. Celular

Street Address/Dirección

City/Ciudad

State/Estado

Zip Code/Código Postal

Occupation/Ocupación

Employer/Lugar de Empleo

Email/Correo electrónico

Relationship to child:: Parents/Padres Mother/Mamá Father/Papá Guardián/Tutor Legal

Other Information / Otra información

Referred by / Enviado por:

Individual / Individuo Newspaper / Periódico Yellow pages / Páginas Amarillas TV Internet

Other/otro: _____

What language(s) does your child speak or understand? / Que idioma(s) habla o entiende su niño/a?

Why do you feel that Casa would be a good fit for your child? / Por qué usted cree que Casa es la escuela adecuada para su niño/a?

Please submit this form and a signed copy of the Private Children's House Enrollment Contract along with the \$150 registration fee. **The registration fee is non-refundable.** For further cost and payment information please refer to the terms of the contract.

Por favor entregue este formulario y una copia firmada de su contrato del Programa Privado Casa de Niños acompañado del pago inicial de registro de \$150. **Este pago inicial de registro no es reembolsable.** Para mayor información con respecto al precio y formas de pago por favor haga referencia a los términos del contrato.

For Staff Use Only:

Date Application Received _____ **By:** _____
Application Fee: _____ **Check#** _____ **Cash** _____

Sibling _____ **Faculty Member** _____



CASA ESPERANZA MONTESSORI INCORPORATED

**Private Children's House Half Day Enrollment Contract
2019-2020 Academic Year**

Student's Name: _____

Parents' Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Daytime Phone: _____ Email: _____

The undersigned agrees with the following terms and conditions and will pay the required fees/charges for enrollment as specified below:

Please read and initial each of the following terms and conditions of enrollment at Casa Esperanza Montessori Incorporated:

_____	I understand that the total cost for the half day (8:05 am – 12:00 pm), private, tuition based, Children's House Program for the 2019-2020 Academic Year is \$5,350 . The total includes a non-refundable registration fee of \$150 and tuition payments totaling \$5,500. A discount of \$200 is available if tuition is prepaid.
_____	I further understand that if it should it become necessary to withdraw my child from preschool or make changes to his/her schedule during the academic school year, a 30 day written notice is required to be sent to: Anna Foley Casa Esperanza Montessori Preschool, 2600 Sumner Blvd., Suite 130, Raleigh, NC 27616. In the event of any such withdrawal, I understand that I am still obligated to pay tuition due, calculated at \$29 per day, through the end of the 30 day notice period.
_____	I understand that all tuition payments are due and payable on the 1 st of the month as outlined in the payment schedule at the end of the contract. I understand that if payment is not received by the 15 th of the month my child may be denied attendance until payments are current or my child's spot may be offered to a family on the waiting list.
_____	I understand that, the total tuition for the year as specified on the payment schedule, is due even when the school is closed due to school intercessions, federal and/or state holidays, teacher work-days, and/or weather-related events or when the child is absent from school due to illness, personal vacation or other similar reasons. I understand that all payments must be current in order to register for the following school year.
_____	I understand that my child's place in the class will be reserved on behalf of my child only after Casa Esperanza Montessori Incorporated has received and accepted (i) this fully completed and signed Preschool Enrollment Contract, and (ii) the \$150 registration fee has been paid.
_____	No portion of any tuition or fees paid in advance will be refunded, including but not limited to deposits and registration fees.
_____	I understand that I am obligated to abide by the conditions set forth in this contract for

	every preschool class placement, even if my child's class placement is changed due to individual or school needs.
	I understand that if my child must be excluded by administrative decision from school, for reasons other than late payment, no refund will be provided; however, no further financial obligation will exist. In the case of late payment, all financial obligations continue.
	In addition to the tuition payments and fees described above, I understand that I will be charged for after-school care at the prevailing rates if my child is not picked up before the end of afternoon carpool.
	I understand that accepting placement in the Casa Esperanza private, tuition based, Children's House Program, whether Preschool or Kindergarten, does NOT guarantee a place in the Casa Esperanza Montessori Charter Program. All spaces for the Charter program are given via lottery as stated in the Charter School agreement with the State of North Carolina Department of Public Instruction.

By signing below, I agree to the terms and conditions of this Enrollment Contract:

By: _____

Name: _____

Date: _____

By: _____

Name: _____

Date: _____

ACCEPTED BY:
CASA ESPERANZA MONTESSORI INCORPORATED

By: _____

Name: _____

Title: _____

Date: _____

2019-2020 Payment Schedule

- \$150 -- Application fee - due with application & contract
- \$535 -- August 1, 2019 non-refundable tuition deposit
- \$535 -- September 1, 2019
- \$535 -- October 1, 2019
- \$535 -- November 1, 2019
- \$535 -- December 1, 2019
- \$535 -- January 1, 2020
- \$535 -- February 1, 2020
- \$535 -- March 1, 2020
- \$535 -- April 1, 2020
- \$535 -- May 1, 2020

NO Tuition Installment due June 1, 2020



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Authorization Agreement for Tuition Debit

Child's Name: _____

I hereby authorize Casa Esperanza Montessori, Inc, to initiate debit entries to my ___Checking___ Savings account indicated below and the financial institution named below to credit the same to such account.

Financial Institution

City State Zip Code

Bank Transit /ABA Number Account number

Please indicate (by initialing) the monthly installment amount you are authorizing to have deducted monthly:

Private Children's House
___ \$535.00 monthly

This authority is for ten (10) monthly installment payments to be drafted August 2019 – May 2020 on or about the first of each month. This authority is to remain in effect unless Casa Esperanza Montessori, Inc has received written notification from me of its termination in such time and in such manner as to afford Casa Esperanza Montessori, Inc a reasonable opportunity to act on it. Should the debit not go through due to non-sufficient funds in my account a replacement payment, in the form of a check or money order, in the amount of \$560 (monthly payment plus non-sufficient funds charge) must be received at the school within five days of notification.

X _____
Signature

Date: _____

Name(s)

PLEASE ATTACH A VOIDED CHECK



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Emergency Contact and Pick-up Information /

Información de Emergencias e Información para recoger a los estudiantes

It is essential that this information be updated annually and any time contact information changes/Es necesario actualizar la información cada año y cualquier cambio que usted haga

Parent / Guardian Information – Información sobre el Padre/Guardián

Student Last /First Name/APELLIDO y Nombre del Estudiante: _____

PRIMARY CONTACT NAME/NOMBRE - CONTACTO PRIMARIO		
MAILING ADDRESS/DIRECCION		
PHONE NUMBERS/ NUMEROS TELEFONICOS: HOME/CASA	WORK/TRABAJO	CELL/CELULAR
E-MAIL ADDRESS(ES)/ DIRECCIONES DE CORREO ELECTRONICO		
SECONDARY CONTACT NAME/ NOMBRE - CONTACTO SECUNDARIO		
MAILING ADDRESS/DIRECCION		
PHONE NUMBERS/ NUMEROS TELEFONICOS: HOME/CASA	WORK/TRABAJO	CELL/CELULAR
ALTERNATE CONTACT NAME/NOMBRE - CONTACTO ALTERNATIVO		
PHONE NUMBERS/ NUMEROS TELEFONICOS: HOME/CASA	WORK/TRABAJO	CELL/CELULAR

Doctor's Name/ Médico: _____ Phone/Teléfono: _____

Allergies/Alergias

Casa Esperanza is not authorized to administer medication of any type without written authorization from your child's physician. If your child may need medication during the school day, please request a "Parent Request and Physician's Order Form" which must be filled out by a physician and returned to the front office. *Casa Esperanza no está autorizada para administrar ningún tipo de medicina sin prescripción médica. Si su niño/a necesita algún medicamento durante el transcurso del día escolar, por favor solicite un "Formulario de Prescripción Médica" el cual tiene que ser escrito por un doctor y luego devuélvalo a la oficina de la escuela.*

Authorization to Pick Up the Child/Autorización Para Recoger a su Niño/a

The following person or persons (and parents) are authorized to pick up my child (please include phone number)/La(s) siguiente(s) persona(s) (y padres) están autorizado(s) para recoger a mi niño/a (por favor incluya el número de teléfono de cada persona):

NAME S/ NOMBRES	PHONE NUMBERS/ NÚMEROS DE TELÉFONO
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

PLEASE TURN OVER AND COMPLETE OTHER SIDE/POR FAVOR COMPLETE EL REVERSO

Emergency Contact and Pick-up Information Side 2/ *Contacto de Emergencias e Información para recoger a los Estudiantes*

Each person will be required to show a driver's license for identification when she/he picks up your child. *Cada persona que recoja al niño(a) deberá mostrar su licencia para identificarse.* If, for any reason, you have someone other than the above listed persons pick up your child, you must sign and send a note on that day authorizing that person. A telephone call or fax from you will not be sufficient authorization to release your child. *Si por alguna razón, alguna otra persona no incluida en la lista tiene que recoger a su hijo(a), usted debe enviar una nota firmada por usted autorizando a esa persona. Una llamada por teléfono o fax no es autorización suficiente.* In order to cover emergency situations, you are urged to list as many persons as possible whom you would allow to pick up your child in your unexpected absence. *Si en caso de emergencia usted no puede recoger a su niño/a, le sugerimos que por favor incluya en la lista a todos las personas que tienen su autorización.*

PARENT SIGNATURE/*Firma* del Padre/Guardián _____

DATE/*Fecha* _____



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**Parental/Legal Guardian Consent for
Use of Student's Image/Words/School Work in Media**

I understand that during the time students are enrolled at Casa Esperanza Montessori, students may participate in in-school and public audio taping, media interviews, photographing, questionnaires/surveys, and videotaping.

Student's Name (Print)

Date of Birth

____ I DO give permission for my child's image/words/school work to be used in public media, which may include but not necessarily be limited to newspaper photos, television commercials, radio interviews, or website photos. This permission includes my child's participation in any or all of the above activities.

____ I DO NOT give permission for my child's image/words/school work to be used in public media, which may include but not necessarily be limited to newspaper photos, television commercials, radio interviews, or website photos. This permission includes my child's participation in any or all of the above activities.

____ I DO give permission for my child's image/words/school work to be used in the yearbook and school pictures.

____ I DO NOT give permission for my child's image/words/school work to be used in the yearbook and school pictures.

Parent/Legal Guardian's Signature

Print Name

Today's Date



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**Consentimiento del Padre o Guardián para
La Utilización de la Imagen/ Palabras o
Trabajos del Estudiante en los Medios.**

Entiendo que durante el tiempo en el cual los estudiantes están registrados en Casa Esperanza Montessori, es posible que puedan participar en grabaciones de audio dentro de la escuela, entrevistas de los medios de comunicación, fotografías, encuestas y video grabaciones.

Nombre del Estudiante

Fecha de Nacimiento

____ Autorizo que la imagen, trabajos, o palabras de mi hijo/a sean utilizados en los medios de comunicación publica que incluye pero no se limita a fotografías para periódicos, comerciales de televisión, entrevistas de radio o fotografías en la página Web. Esta autorización incluye la participación de mi niño (a) en alguna o todas las actividades mencionadas anteriormente.

____ No autorizo que la imagen, trabajos, ó palabras de mi hijo/a sean utilizados en los medios de comunicación pública que incluye pero no se limita a fotografías para periódicos, comerciales de televisión, entrevistas de radio o fotografías en la página Web. Esta autorización incluye la participación de mi niño /a en alguna o todas las actividades mencionadas anteriormente.

____ Autorizo que la imagen, trabajos, ó palabras de mi hijo/a sean utilizados en el anuario y en las fotos escolares.

____ No autorizo que la imagen, trabajos, ó palabras de mi hijo/a sean utilizados en el anuario y en las fotos escolares.

Firma del Padre o Guardián

Nombre (letra de imprenta)

Fecha