



# Casa Esperanza Montessori

A dual-language, non-profit preschool and charter school community/  
una escuela pública y jardín infantil de lenguaje dual  
10510 Star Road Wake Forest, NC 27587  
Tel: 919.855.9811 FAX 919.855.9813 www.cemcs.org

## Private Children's House Application/Aplicación para el Programa Privado Casa de Niños 2023-2024 School Year/Año Escolar 2023-2024

- SPANISH IMMERSION PROGRAM**  
 **ENRICHMENT PROGRAM**  
 **FULL DAY – DIA COMPLETO (8:00 a.m. – 3:00 p.m.)**  
 **HALF DAY- MEDIO TIEMPO (8:00 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, 2023/ Edad del alumno para el 31 de agosto 2023: \_\_\_\_\_

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 del 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 fee. **The fee is non-refundable and due every year.** 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 \$150. **Este pago inicial no es reembolsable y se debe pagar al inicio del año.** 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 Full Day Enrollment Contract**  
**2023-2024 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 academic day (8:00 am – 3:00 pm), private, tuition based, Children’s House Program for the 2023-2024 Academic Year is <b>\$9,500</b> . The total includes a non-refundable fee of \$150 and tuition payments totaling \$9,650. 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 <b>30 day written notice is required to be sent to: Shaneki Cauble</b> Casa Esperanza Montessori Preschool, 10510 Star Road Wake Forest, NC 27587. In the event of any such withdrawal, I understand that I am still obligated to pay tuition due, calculated at \$51.35 per day, through the end of the 30-day notice period.
_____	I understand that all tuition payments are due and payable on the 1 <sup>st</sup> 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 <sup>th</sup> 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 workdays, 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 has been paid.
_____	No portion of any tuition or fees paid in advance will be refunded, including but not limited to deposits and 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.
	<b>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.</b>

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: \_\_\_\_\_

2023-2024 Payment Schedule

- \$150 -- Fee - due with application & contract
- \$950 -- August 1, 2023 non-refundable tuition deposit
- \$950 -- September 1, 2023
- \$950 -- October 1, 2023
- \$950 -- November 1, 2023
- \$950 -- December 1, 2023
- \$950 -- January 1, 2024
- \$950 -- February 1, 2024
- \$950 -- March 1, 2024
- \$950 -- April 1, 2024
- \$950 -- May 1, 2024

NO Tuition Installment due June 1, 2024



# Casa Esperanza Montessori

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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:

<b>Private Children's House</b>
____ \$950.00 monthly

**This authority is for ten (10) monthly installment payments to be drafted August 2023 – May 2024 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 \$975 (monthly payment plus non-sufficient funds charge) must be received at the school within five days of notification.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name(s)

Date: \_\_\_\_\_

**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

Has your child ever had a concussion? Ha tenido alguna vez su niño/a una contusión \_\_\_\_\_

Allergies/Alergias: \_\_\_\_\_

Doctor's Name/Médico \_\_\_\_\_ Phone/Teléfono: \_\_\_\_\_

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 da\_y, 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

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 todas 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 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.

\_\_\_\_\_ 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