



Casa Esperanza Montessori Private Preschool Program Application 2024-2025 School Year

SPANISH IMMERSION PROGRAM

ENRICHMENT PROGRAM

Student Information

Last Name	
First Name	
Middle Name	
Preferred Name	
Age of Student as of August 31, 2024	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Parent Information / Guardian Information

First Parent-Guardian Name	
Cell Ph Work Ph	
Street Address City State Zip Code	
Occupation	
Employer	
Email	

Relationship to child: Mother Father Guardian

Second Parent-Guardian Name	
Cell Ph Work Ph	
Street Address City State Zip Code	
Occupation	
Employer	
Email	

Relationship to child: Mother Father Guardian

Health Information

¿Has your child ever had a concussion?	
Allergies or Food Restrictions	
Please list any health conditions that may require us to take action during our preschool program, i.e., asthma, diabetes, seizures, etc.:	
NOTE: 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.	

Emergency Medical Treatment

In the event the above student/students become ill or sustains an injury while in the care of or under the supervision of Casa Esperanza Preschool Program staff, they are given permission to administer first aid for child's relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility. I authorize CASA ESPERANZA MONTESSORI to obtain medical attention for my child in an emergency	
Physician's Name	
Physician's Phone number	
Hospital Preference	

Emergency Contact and Pick-up Information

It is essential that this information be updated annually and any time contact information changes

Alternate Contact 1 Name	
Cell Ph Work Ph	
Alternate Contact 2 Name	
Cell Ph Work Ph	

Authorization to Pick Up the Child

The following person or persons (and parents) are authorized to pick up my child (please include phone number)

NAMES	PHONE NUMBERS

Each person will be required to show a driver's license for identification when she/he picks up your child.

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.

PARENT SIGNATURE: _____

DATE: _____

Other Information

How did you learn about Casa Esperanza?

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Website |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Yard Signs | <input type="checkbox"/> I am a current Casa Parent |
| <input type="checkbox"/> Triangle Family Magazine | <input type="checkbox"/> Otro: _____ |

What language(s) does your child speak or understand?

Is your child fully independent while using the bathroom (fully "potty-trained")?

Why do you feel that Casa would be a good fit for your child?

Please submit this form and a signed copy of the Private Preschool Program Enrollment Contract along with the \$200 registration fee (check payable to CEMCS or cash). **The registration fee is non-refundable.** For further cost and payment information, please refer to the terms of the contract.

For Staff Use Only:

Date Application Received _____ **By:** _____

Application Fee: _____ **Check#** _____ **Cash** _____

Sibling _____ **Faculty Member** _____



CASA ESPERANZA MONTESSORI INCORPORATED
Private Preschool Program Enrollment Contract
2024-2025 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 private, tuition based, Preschool Program for the 2024-2025 Academic Year is \$9,975 . There is a non-refundable registration fee of \$200. A discount of \$200 is available if tuition is prepaid in full.
	I further understand that if it should become necessary to withdraw my child from the program or make changes to his/her schedule during the academic school year, a 30 day written notice is required to be sent to: Shaneki Cauble Casa Esperanza Montessori Preschool, 10510 Star Rd. Wake Forest, NC 27587. In the event of any such withdrawal, I understand that I am still obligated to pay tuition due, calculated at \$59.37 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. Accounts not paid in full by the 5 th of the month will be assessed a \$25 late fee. 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. If any of my payments are returned by the bank, a \$25 returned check fee will be due immediately.
	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 Program Enrollment Contract, and (ii) the \$200 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 my child must be fully independent while using the bathroom. If my child has continual accidents he/she will not be considered toilet-trained and therefore cannot remain in the program.
	I understand that accepting placement in the Casa Esperanza private, tuition based Preschool Program, 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 Contract:

Parent/Guardian Name	Relationship to Child
Date	Signature

Accepted by: CASA ESPERANZA MONTESSORI INCORPORATED

Name:	Title:
Date	Signature

2024-2025 Payment Schedule

\$200	Application fee - due with application & contract
\$997.50	August 1, 2024 non-refundable tuition deposit
\$997.50	September 1, 2024
\$997.50	October 1, 2024
\$997.50	November 1, 2024
\$997.50	December 1, 2024
\$997.50	January 1, 2025
\$997.50	February 1, 2025
\$997.50	March 1, 2025
\$997.50	April 1, 2025
\$997.50	May 1, 2025

NO Tuition Installment due June 1, 2025

Preschool Installment Payments are based on the 169 days of the academic calendar. Payments are due even when the school is closed for part of the month for Intersessions, Federal and/or State Holidays, Teacher Work-Days, and/or weather-related events.



Casa Esperanza Montessori

a dual-language charter school and preschool community

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 Preschool Program
___ \$997.50 monthly

This authority is for ten (10) monthly installment payments to be drafted August 2024 – May 2025 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 payable to CEMCS or money order, in the amount of \$1022.50 (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





Casa Esperanza Montessori

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

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I DO give permission for my child's image/words/school work to be used in the yearbook and school pictures.
<input type="checkbox"/>	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