



Mission Montessori Academy
 Renee Gagliano - Registrar
 11050 N. 96th St., Scottsdale, AZ 85260
 Tel: 480-699-4950 Ext.0
 Fax: 480-314-3346
 www.missionmontessori.com

Charter School Checklist

Child's Name: _____
 Current Teacher: _____
 New Placement: _____

Today's
 Date: _____
 2023 – 2024 **Grade:** _____

Office Use Only

Returning Student

- 1. Application ~ARS 15-184(A) _____
- 2. Parent Information Addendum _____
- * 3. Proof of Residency **ALL STUDENTS**
 (Ex.: Electric bill, Cable bill...) See Arizona Residency Documentation Form
 ~ARS15-802(B) _____
- 4. Emergency Form _____
- 5. Allergy Questionnaire Form _____
- 6. Permission/Release Form _____
- * 7. Updated Immunizations/Exempt Form
 ~ARS 15-872 ~ARS 15-872(C) ~ARS 15-873 _____
- 8. Family-School Partnership _____
- 9. Extended Day Registration _____
- **Joyful Giving Program**
- 10. Community Investment _____
- 11. Annual Tax Credit Program _____

*** Please provide these documents**

Pursuant to ARS 15-184(I), Mission Montessori Academy and Mission Montessori Academy's Middle Years Program do not admit any pupil who has been expelled from another educational institution, or who is in the process of being expelled from another educational institution.



**Mission Montessori Academy
Elementary Enrollment
APPLICATION for Charter
Lower and Upper Elementary
2023 – 2024**

Current School Yr. Start
Date: _____

Current Teacher:

1st Year of Charter Enrollment:

Today's Date: _____

Extended Day _____
3:30 p.m. – 6:00 p.m.

Grade for Fall Enrollment:

New Placement: _____
Office Use Only

Student Information

State of Birth: _____ **SAIS #:** _____ **Sex:** M F _

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Date of Birth: ____ / ____ / ____

Ethnic Origin (please circle):
optional/not required as a
condition of enrollment.

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
Hispanic or Latino Asian White Black or African American

*New Address (circle): Yes or No

**Mother's/Guardian's
Information**

Last Name: _____

First Name: _____

Occupation: _____

Living with Child Yes No
Allow Release Yes No
Active Military Yes No

Email: _____

Address: _____
Street

City **State** **Zip**

Home Tel No.
() _____
Work Tel No:
() _____
Cell Tel No:
() _____

**Father's/Guardian's
Information**

Last Name: _____

First Name: _____

Occupation: _____

Living with Child Yes No
Allow Release Yes No
Active Military Yes No

Email: _____

Address: _____
Street

City **State** **Zip**

Home Tel No.
() _____
Work Tel No:
() _____
Cell Tel No:
() _____

Previous School Attended _____ **Phone Number** _____

If remaining capacity is insufficient to enroll all pupils who submit a timely application, the charter school shall select pupils through an equitable selection process such as a lottery except that preference shall be given to siblings of a pupil selected through an equitable selection process such as a lottery. ~ARS- 15-184(E)



Parent/Guardian Information Addendum

Student Name _____ **Teacher** _____ **Date** _____

Mother/Guardian

Name

Employer

Position/Title

Address

Work Phone

Work Email

Father/Guardian

Name

Employer

Position/Title

Address

Work Phone

Work Email



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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ALLERGY QUESTIONNAIRE

The purpose of the questionnaire is to gather information about potentially severe and/or life-threatening allergies that your child may have. This information will help provide appropriate care while your child is at school.

Student's Name: _____ DOB: _____

Teacher: _____ Grade: _____

1. Does your child have a known or suspected food-allergy? Yes No

If yes, please check ALL foods that apply.

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Peanuts (includes peanut butter and peanut oils) | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Tree Nuts (walnuts, almonds, pecans, cashews, etc.) | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Milk or Dairy | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Shellfish |

List any others: _____

2. Could your child's allergy be life-threatening? Yes No

Please indicate past symptoms of your child's food allergy.

- | | | |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Tingling/swelling of lips, tongue, mouth | <input type="checkbox"/> Itching | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Swelling of face or extremities | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Tightening/ swelling of throat | <input type="checkbox"/> Cough | <input type="checkbox"/> Cramps |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Other – Please explain _____ | | |

3. Has your child ever been treated by a health care provider for an allergic reaction? Yes No

4. Does your child require medication for an allergic reaction? Yes No
If yes, please list _____

If your child requires an Epi-pen (emergency dose of epinephrine), do you have a current prescription to provide to the school to be kept in case of an allergic reaction? Yes No

5. Is your child on any prescription medication(s)? Yes No
If yes, please list the medications below:

<u>Medications</u>	<u>Reason</u>

I give permission for any employee of the school to have my child's medical information.

Parent Name _____ Date _____

Contact Phone number _____



Permission/Release Form

Student's Name

Teacher's Name

Emergency Treatment Permission

I give Mission Montessori Schools permission to provide EMERGENCY treatment for my child should it be deemed necessary. I understand that in case of an emergency, my child will be taken to a local hospital. Mission Montessori Schools will begin immediate attempts to contact parents/guardian while child is in transport.

Parent/Guardian Signature

Date

WE CANNOT HAVE YOUR CHILD TREATED IN CASE OF AN EMERGENCY WITHOUT YOUR EXPLICIT PERMISSION!

Sunscreen /Bug Spray Application Permission

I give Mission Montessori Schools staff permission to apply sunscreen of SPF 15+/Bug Spray that I will provide, to my child's face, arms and legs.

Parent/Guardian Signature

Date

Photo/Film/Audio/Website Release

I authorize the use by Mission Montessori Schools of my child's voice, photograph, recordings, or likeness, as well as any material created by my child as part of a School project, for any purpose in any medium, including but not limited to the school's website and social media platforms. I understand the School will not compensate me or my child for these uses. I understand if I do not wish for my child to be included in any of the aforementioned mediums, I must e-mail media@missionmontessori.com to withdraw consent.

Parent/Guardian Signature

Date

Immunization Notice

Please be advised that all immunization requirements must be met in the time specified by the Arizona Health Department. **A 15 day notice will be given to parents whose children have not met the requirements. If proof of immunization shots is not provided, Arizona law states that the child must be suspended from school** until all requirements are met.

Please sign indicating that you have read and understand the above notice.

Parent/Guardian Signature

Date



Mission Montessori Academy FSP - 15 Hours of Service

If you are able to, Mission Montessori Academy appreciates 15 hours of family service per child enrolled, or a contribution of \$150 per child in lieu of volunteer hours, paid to Mission Montessori Schools. Special projects designated by the teacher, field trips, fundraising activities and school events are great ways to become involved. Ice Cream Social, Book Fair, Movie Night, International Day, Thanksgiving Feast, Golf Tournament, Parent Education Nights, Room Parent and Art Masterpiece are all school events that will offer volunteer opportunities.

We welcome all parents as guest speakers to share their special talents, hobbies, experiences and careers. Classroom parties and Park Day do not count for volunteer hours.

_____ **Will volunteer 15 hours of service per child**

_____ **Will contribute \$150 in lieu of volunteer hours per child**

check ___ or Credit Card _____ (Please Complete Credit Card Authorization Form)

_____ **Will need to forgo both the volunteer hours and the \$150.**

PLEASE PRINT THE NAME(S) OF STUDENT(S) ENROLLING & THEIR TEACHER'S NAME:

Student:

Teacher: (If Known)

PRINT PARENT NAME

PARENT SIGNATURE

DATE

PRINT PARENT NAME

PARENT SIGNATURE

DATE



Credit Card Authorization Form

Mission Montessori accepts Visa, MasterCard and Discover. If you would like to pay Mission Montessori by credit card, please fill out this authorization form and return it to the site manager of your campus. By filling out and signing this form, you are giving Mission Montessori permission to process your credit card for payment.

Authorized Signature: _____ Date: _____

Printed Name: _____

Child's Name: _____

Teacher's Name: _____

Credit Card Information

Cardholder Name _____

Credit Card #: _____ Exp Date: ____ / ____

CVC Code: _____ Billing Zip Code: _____



Extended Day Registration Form

Full-Time Enrollment only
(NOT for hourly drop-ins)
Charter Only

- Before school and after school program is to be paid annually, bi-annually or monthly.
- **Payment Options:** Academic Year (10 Months) \$3,000 Bi-Annually \$1,500 Monthly - \$320
- Cancellations are by written notice only to the school office at least a week prior to the new pay period, otherwise full payment is required.
- Hours of operation: 3:30 p.m. – 6:00 p.m.

- Holidays are not included in the monthly price (examples: Fall break, Veteran's day, etc.)
- Families with 2 or more children:
 - Oldest pays full price
 - 25% discount for each additional child
- Late fees: \$1.00 per minute after 6:00 p.m.

Registration Form

Child's Name

Teacher's Name

Date

Home Phone

Work Phone

Cell Phone

Emergency Contact – Name & Number

Check _____ or Credit Card _____ (Please Complete Credit Card Authorization Form)

Parent/Guardian/ Cardholder Signature



JOYFUL GIVING PROGRAMS

Mission Montessori is a nonprofit tax-exempt 501(c) 3 corporation.
All contributions are voluntary donations and tax deductible, as allowed by law.

I. Community Investment Fund:

For the past years, it has been necessary for high performing schools in Arizona to request voluntary contributions from parents and the greater school community to cover the per student funding gap between what the state pays and what those schools need to maintain their high quality of education.

Mission Montessori Academy was awarded 2015-16 School of the Year and is in the top 10% of all schools in AZ. It has served nearly 2,000 students and their families since 2000. Our students have consistently and substantially outperformed other local and state-wide high-quality schools. Our Montessori program is a comprehensive educational model that includes educating the whole child beyond the academics.

Our community investment campaign supports our educational mode, as follows:

It supports the quality of the Educational Model by adding assistants in each classroom to reduce the student/teacher ratio and allow extended time for individualizes instruction

To maintain the excellence in our present educational model and to meet the continued state reductions, we are requesting a gift of \$1700 per child. This can be paid in one lump sum or monthly payments over the school year.

II. Annual Tax Credit Program:

This annual tax credit is an opportunity that gives you the choice of where your tax dollars will be used and you can use these dollars as credit to pay your Arizona state taxes. This is a “dollar for dollar” tax credit for families and anyone who pays Arizona state taxes. You may give up to \$200 if you are single or up to \$400 if you are married and filling jointly. These tax credit dollars help a school pay for their extra-curricular programs.

Our Tax Credit campaign supports our educational mode, as follows:

Our Extra-Curricular Classes; Art, Music, Spanish, P.E., Gardening, Sustainable Systems, Global Studies, Choir, Strings, Band and Musical Theater

We appreciate the participation of all our families, because your contributions make us exceptional.



Community Investment Fund 2023-2024

For the past few years, it has been necessary for high performing schools in Arizona to request voluntary contributions from parents and the greater school community to cover the per student funding gap between what the state pays and what those schools need to maintain their high quality of education. The state has asked schools to increase their school year by 11%, but is only funding 5%.

Mission Montessori Academy was awarded 2015-16 School of the Year. It has served nearly 2,000 students and their families since 2000. Our students have consistently and substantially outperformed other local and state-wide high-quality schools. Our Montessori program is a comprehensive educational model that includes educating the whole child beyond the academics.

Our community investment campaign supports our *educational model and growth*, as follows:

It supports the quality of the Educational Model by adding assistants in each classroom to reduce the student/teacher ratio and allow extended time for individualizes instruction

To maintain the excellence in our present educational model and to meet the continued state reductions, we are requesting a gift of \$1700 per child. This can be paid in one lump sum or monthly payments over the school year.

Child's Name: _____

Parent's Name: _____

Teacher's Name: _____

Please check one of the following payment plan (starting as of **May 1, 2023**):

One time (\$1700) 3 months (\$566.67 x 3=\$1700) 5 months (\$340 x 5=\$1700)

Check #: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Credit Card _____ (Please Complete Credit Card Authorization Form)

Parent Signature: _____ Date: _____



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

_____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona

County of _____

The foregoing was acknowledged before me this __ day of _____, 20 ,

By _____

My Commission Expires:

Notary Public
