Atlantic Montessori CHARTER SCHOOL
A New Dawn of Learning

VPK AT A GLANCE

2550 S. Flamingo Road, Davie, FL 33325

LEARN • EXPLORE • GROW

OUR MONTESSORI DUAL LANGUAGE PROMISE

We nurture curiosity, independence, and respect—empowering each child to reach their fullest potential.

RESPECT | RESPONSIBILITY | COMMUNITY | CURIOSITY

REGISTRATION & ENROLLMENT FEES

REGISTRATION FEE
$50 per child

Includes:
- Registration processing
- Student records setup
- Parent communication system
- Administrative enrollment costs

VPK STARTER PACKAGE
$50 per child

Includes:
- 1 Atlantic Montessori Spirit Shirt *(Polo still required for purchase.)*
- Micro-Society materials
- Eagle Bucks starter materials
- Student portfolio materials
- Special event materials

TOTAL DUE AT REGISTRATION
$100 PER CHILD

MONTHLY PROGRAM OPTIONS

FREE VPK
9:00 AM – 12:00 PM

FREE FOR VPK PARENTS

- Free instructional program
- Students may arrive beginning at 8:30 AM

BEFORE CARE
7:00 AM – 12:00 PM

$100 /month

Includes:
- Before Care (7:00 – 8:30 AM)
- Free VPK Program (9:00 AM – 12:00 PM)

EXTENDED DAY
7:00 AM – 3:00 PM

$729 /month

Includes:
- Before Care (7:00 – 8:30 AM)
- Free VPK Program (9:00 AM – 12:00 PM)
- Kindergarten Readiness Academy (12:00 – 3:00 PM)

FULL DAY
7:00 AM – 6:00 PM

$899 /month

Includes:
- Before Care (7:00 – 8:30 AM)
- Free VPK Program (9:00 AM – 12:00 PM)
- Kindergarten Readiness Academy (12:00 – 3:00 PM)
- After Care (3:00 – 6:00 PM)

DAILY DROP-IN RATES FOR FAMILIES NEEDING OCCASIONAL CARE

BEFORE CARE (7:00 – 8:30 AM)	KINDERGARTEN READINESS ACADEMY (12:00 PM – 3:00 PM)	AFTER SCHOOL ENRICHMENT (3:00 PM – 6:00 PM)	FULL DAY MONTESSORI VPK (7:00 AM – 6:00 PM)
$10 PER DAY	$45 PER DAY	$20 PER DAY	$60 PER DAY

STRONGER TOGETHER.
We are a community that learns, grows, and succeeds together!

THANK YOU for partnering with us!

Atlantic Montessori

Voluntary PreKindergarten

ENROLLMENT CHECKOFF LIST

A New Dawn of Learning

- ☐ Letter of Acceptance
- ☐ Registration Form
- ☐ Emergency Contact Card
- ☐ Media Release Form
- ☐ Parent Handbook Acknowledgement
- ☐ Directory Information Release Form
- ☐ Student Housing Questionnaire
- ☐ VPK Attendance Agreement
- ☐ Authorized Pick-Up Form
- ☐ Medical & Allergy Information Form
- ☐ Immunization Record (DH 680)
- ☐ Health Examination Form (DH 3040)
- ☐ Birth Certificate
- ☐ Proof of Address
- ☐ Parent / Guardian ID
  (Driver's License, Passport, or Resident Card)

NOTES:

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REGISTRATION FORM

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School Year: 2026–2027	School: Atlantic Montessori Charter School	Program: Voluntary PreKindergarten (VPK)
Date: _____	VPK Certificate Number: _____	Entry Code: _____

Only the parent/guardian may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

STUDENT INFORMATION

Student's Last Name (Legal)	First Name (Legal)	Middle Name (Legal)	Suffix

Gender	Date of Birth	Birthplace (City/State/Country)
☐ Male ☐ Female	____ / ____ / ____	

Social Security Number
*Not required for enrollment or graduation. F.S. §1008.386 requires Atlantic Montessori Charter School to request the SSN for its information management system.

Preferred Name(s)/Nickname(s)
All staff may refer to my child by the preferred name(s) or nickname(s) listed below on all unofficial documents and during school/district events.

Student's Primary Home Address	Apt #	City	Zip Code	Home Phone #

VPK ELIGIBILITY VERIFICATION

I have submitted a valid Florida VPK Certificate of Eligibility. ☐ Yes ☐ No ☐ Pending

ENGLISH LANGUAGE LEARNERS (ELL) AND HOME LANGUAGE SURVEY

(If the answer is "Yes" to any of these questions, the student must be tested for English proficiency.)

Parent Preferred Communication Language: _____	Date Student First Entered School in USA: ____ / ____ / ____	
Does the student have a first language other than English?	☐ Yes ☐ No	If "Yes", which language? _____
Is a language other than English used in the home?	☐ Yes ☐ No	If "Yes", which language? _____
Does the student most frequently speak a language other than English?	☐ Yes ☐ No	If "Yes", which language? _____

ETHNICITY (Check One)
☐ Non-Hispanic or Non-Latino
☐ Hispanic or Latino

RACE (Check all that apply)
☐ White ☐ Black/African American ☐ Asian
☐ Native American/Native Alaskan ☐ Native Hawaiian/Pacific Islander

ALLERGIES OR MEDICAL ALERTS

Does your child have any allergies, medical conditions, or health concerns?
☐ Yes ☐ No
If Yes, please explain: _____

TOILET TRAINING INFORMATION

I confirm that my child is fully toilet trained.
Parent/Guardian Initials: _____

PRIMARY LANGUAGE SPOKEN AT HOME

_____

PREVIOUS PRESCHOOL / CHILDCARE EXPERIENCE

☐ Yes ☐ No
Name of School/Program: _____
How long did your child attend? _____

HAS THE STUDENT PREVIOUSLY BEEN:

Assessed for a behavioral threat?	☐ Yes	☐ No
Referred for mental health services?	☐ Yes	☐ No
Assessed for risk of suicide or self-harm?	☐ Yes	☐ No

DOES THE STUDENT:

Have an active safety plan?	☐ Yes	☐ No
Have an active monitoring plan? (SSMP)	☐ Yes	☐ No

THE STUDENT'S PRIMARY RESIDENCE IS: (CHECK ONLY ONE)

☐ Owned by the parent/guardian
☐ Rented with a valid lease agreement. Expiration Date: _____
☐ Shared with someone by choice (not due to financial hardship) with a valid Affidavit of Shared Residency
☐ Shared with someone due to loss of housing, economic hardship, or similar reason (McKinney-Vento eligible)

Is the residence a temporary living situation?
☐ Yes ☐ No
If Yes, please check all that apply:
☐ Public space, vehicle, or similar setting
☐ Shelter or transitional housing
☐ Hotel/motel due to lack of housing
☐ Other: _____

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EMERGENCY CONTACT CARD

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School Year: 2026–2027	School: Atlantic Montessori Charter School	Program: Voluntary PreKindergarten (VPK)
Date: _____	VPK Certificate Number: _____	Entry Code: _____

In the case of an emergency, it is imperative that the school be able to reach the student's parents or guardians and other authorized contacts. Please complete this card carefully and accurately. Please use ink and print clearly. This form shall be updated every year or when information changes. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

STUDENT INFORMATION

Student's Last Name (Legal)	First Name (Legal)	Middle Name (Legal)	Suffix

Date of Birth	Gender	Birthplace (City/State/Country)	Teacher (VPK Class)
____ / ____ / _____	☐ Male ☐ Female		

Primary Home Address (Street)	Apt #	City	State	Zip Code

Does the student have special needs, medical conditions, or require a safety plan? ☐ Yes ☐ No If yes, please contact the school.

Is there a court order on file that prevents a parent/guardian from having contact with the student? ☐ Yes ☐ No If yes, contact school.

Preferred Name(s)/Nickname(s): _____

All staff may refer to my child by the preferred name(s) or nickname(s) listed above on all unofficial documents and during school/district events.

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN 1					
	Last Name (Legal)	First Name (Legal)	Relationship to Student		Cell Phone #
	Home Address (if different from student)	City	State	Zip Code	Home Phone #
	Employer	Work Phone #	Parent Email		

PARENT / GUARDIAN 2					
	Last Name (Legal)	First Name (Legal)	Relationship to Student		Cell Phone #
	Home Address (if different from student)	City	State	Zip Code	Home Phone #
	Employer	Work Phone #	Parent Email		

AUTHORIZED RELEASE / CONTACT

Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW. Both parents/guardians may designate on this Emergency Contact Card the persons authorized to pick up their child from school. In selecting someone to whom you authorize the release of your child, consider whether this person is prepared to handle any special medical needs required by your child.

Full Name (First & Last)	Relationship to Student	Phone Number

HEALTH & MEDICAL AUTHORIZATION

I give permission for the school to contact the child's physician and to secure emergency medical care for my child in the event that I cannot be reached.

☐ Yes, I give permission for emergency medical treatment.

☐ No, I do NOT give permission for emergency medical treatment.

Physician's Name: _____ Phone #: _____

Preferred Hospital: _____

SIGNATURE

I declare that the information on this card is true and correct. I will notify the school office immediately of any changes.

Parent/Guardian Signature: _____

Date: _____ Relationship: _____

Parent/Guardian Signature: _____

Date: _____ Relationship: _____

OFFICE USE ONLY

Student #: _____ Grade Level: _____

Date Enrolled: _____

☐ Court Order ☐ Medical

☐ Special Needs ☐ Other: _____

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MEDIA RELEASE FORM

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Student Name: _____

Date of Birth: _____

Grade (VPK): _____ Teacher: _____

PARENT / GUARDIAN PERMISSION

I give permission for my child to be photographed, videotaped, and/or interviewed for the following purposes:

- Atlantic Montessori Charter School publications
- School yearbook
- Atlantic Montessori website
- Atlantic Montessori social media platforms (Facebook, Instagram, etc.)

☐ YES, I give permission.

PARENT / GUARDIAN DECLINE

I do NOT give permission for my child to be photographed, videotaped, and/or interviewed.

☐ NO, I do not give permission.

Parent / Guardian Name (Print): _____

Parent / Guardian Signature: _____ Date: _____

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PARENT HANDBOOK ACKNOWLEDGEMENT

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I acknowledge that I have received, read, and understand the Atlantic Montessori Charter School VPK Parent Handbook, which includes school policies, rules, and expectations.

I understand my responsibility to review this information with my child and to support the school in maintaining a safe, respectful, and nurturing learning environment.

BY SIGNING BELOW, I ACKNOWLEDGE THAT:

- ✓ I have read and will comply with the policies and procedures outlined in the Parent Handbook.
- ✓ I will support the school's efforts to maintain high standards of conduct and academic excellence.
- ✓ I understand that failure to comply with policies may result in disciplinary action, up to and including dismissal.

Parent / Guardian Name (Print): _____

Parent / Guardian Signature: _____

Date: _____

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DIRECTORY INFORMATION RELEASE FORM

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From time to time, Atlantic Montessori Charter School may publish or share student information for school-related purposes.

Please indicate your preference below:

I give permission for the school to include my child's name, photo, and grade level in the following:

- ☐ School Yearbook
- ☐ School Directory (for school use only)
- ☐ School Website
- ☐ Social Media Platforms (Facebook, Instagram, etc.)
- ☐ School Marketing Materials (brochures, flyers, etc.)

I DO NOT give permission for any of the above.

- ☐ Please exclude my child's information from all items listed above.

Student Name: _____ Grade (VPK): _____

Parent / Guardian Name (Print): _____

Parent / Guardian Signature: _____ Date: _____

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VPK ATTENDANCE AGREEMENT

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Regular attendance is essential for your child's success in the Voluntary PreKindergarten (VPK) program.

I understand that:

- ✓ My child is expected to attend school every day and arrive on time.
- ✓ Excessive absences or tardies may result in dismissal from the VPK program.
- ✓ It is my responsibility to notify the school when my child will be absent.
- ✓ Vacations should be scheduled during school breaks.
- ✓ My child must be picked up on time each day.
- ✓ I will work with the school to ensure my child meets the VPK attendance requirements.

Student Name: _____ Grade (VPK): _____

Parent / Guardian Name (Print): _____

Parent / Guardian Signature: _____ Date: _____

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AUTHORIZED PICK-UP FORM

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For the safety of your child, only persons listed below will be authorized to pick up your child from school.

- **Photo ID is required for all individuals at the time of pick-up.**
- **The school will not release your child to anyone not on this list.**

Student Name: _____ **Grade (VPK):** _____

Teacher: _____

AUTHORIZED PERSONS

	Name (First & Last)	Relationship to Child	Phone Number	ID Required (Yes/No)
1.				
2.				
3.				
4.				
5.				

IMPORTANT: If someone not listed above will be picking up your child, you must provide written permission to the office in advance.

Parent / Guardian Name (Print): _____

Parent / Guardian Signature: _____ **Date:** _____

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MEDICAL & ALLERGY INFORMATION FORM

A New Dawn of Learning

Please provide complete and accurate medical information to help us keep your child safe.

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

Teacher: _____ Grade (VPK): _____

ALLERGIES

Does your child have any allergies? ☐ Yes ☐ No

If yes, please check all that apply:

☐ Food ☐ Medication ☐ Insect Stings ☐ Latex ☐ Environmental

☐ Other: _____

Please describe the allergy and the reaction:

_____

What should be done if your child has an allergic reaction?

_____

Does your child carry an EpiPen? ☐ Yes ☐ No

If yes, please send one (1) to school labeled with your child's name.

MEDICAL CONDITIONS

Does your child have any medical conditions? ☐ Yes ☐ No

If yes, please describe: _____

Does your child take any medications during the school day? ☐ Yes ☐ No

If yes, please list the medication, dosage, and time to be given:

_____

It is the parent/guardian's responsibility to notify the school immediately of any changes in medical or allergy information.

Parent / Guardian Name (Print): _____

Parent / Guardian Signature: _____ Date: _____

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STUDENT HOUSING QUESTIONNAIRE

(McKinney-Vento Homeless Assistance Act)

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The McKinney-Vento Act helps ensure that all children and youth have equal access to a free, appropriate public education.

Please complete this form so we can better serve your child. All information is *confidential.*

Where is your child currently living?

(Please check one.)

- ☐ In a fixed, regular, and adequate nighttime residence (house, apartment, etc.)
- ☐ In a shelter (family shelter, domestic violence shelter, transitional housing, etc.)
- ☐ In a motel, hotel, or campground due to lack of alternative accommodation
- ☐ In a car, park, public place, abandoned building, or similar setting (doubled up with others)
- ☐ Doubled up with family/friends due to loss of housing or economic hardship
- ☐ Other (please describe): _____

Additional Information (Optional)

Address (if applicable): _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Best person to contact: _____ Relationship: _____

If you are living in any of the situations listed above, your child may be eligible for certain rights and services under the McKinney-Vento Act.
If you have any questions, please contact the school at (754) 816-6150.

This information will be kept confidential.

Parent / Guardian Name (Print): _____

Signature: _____ Date: _____

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WELCOME

Thank You!

Thank you for completing the registration packet for Atlantic Montessori Voluntary PreKindergarten. We are excited to partner with you on your child's educational journey!

Your cooperation and timely submission of these forms help us provide a safe, nurturing, and enriching learning environment for your child.

NURTURE

We create a caring and supportive environment where children feel safe, valued, and loved.

INSPIRE

We spark curiosity and encourage a love of learning through engaging experiences.

LEARN

We provide a strong foundation for academic, social, and emotional development.

GROW

We celebrate each child's growth and success every step of the way.

Together, we are

Growing Minds, Building Character, Inspiring Futures!

WE'RE HERE FOR YOU!

If you have any questions, please don't hesitate to contact us.

2550 S. Flamingo Road, Davie, FL 33325

954-423-9704

info@amcharterschool.org

Thank you for trusting us with your child's education.