



Mission Montessori Schools

11050 N. 96th St., Scottsdale, AZ 85260

Tel: 480-699-4950 ext. 0

Fax: 480-314-3346

Private/Kindergarten/Charter Kindergarten School Checklist

Child's Name: _____

Today's Date: _____

Date of Birth: _____

CDC#: _____

Office Use Only

Rec'd By & Date: _____

ESS: _____

New Placement: (*office use only*) _____

2025-2026 Program: _____

Parent Covenant Rec'd Date: _____

1. Check List _____
2. Application - \$285 Payment _____
ARS 15-184(A) _____
3. Enrollment Agreement (fee schedule will be sent via email) _____
4. Sign In & Sign Out Policy _____
5. Credit Card Payment Form _____
6. Credit Card Authorization Form _____
7. Proof of Residency – **(KINDER ONLY)** _____
8. Affidavit of Shared Residence (*complete only if you can not complete #8*) **KINDER ONLY** _____
9. Notary for Shared Residence (*complete only if you can not complete #8*) **KINDER ONLY** _____
10. Emergency Form _____
11. Immunization Information and Update _____
 - a. Updated immunizations/exempt form – required prior to attendance
 - i. ARS 15-872, ARS 15-872(C), ARS 15-873
12. Allergy Questionnaire Form _____
13. Permission/Release Form _____
14. Water Safety Information ARS 15-249.19 _____
15. Primary Home Language Survey Form (HLS) ARS 15-756 **(KINDER ONLY)** _____
16. Exceptional Student Services Form **(KINDER ONLY)** _____
17. Family-School Partnership _____
18. Parent Communication and Education _____
19. Volunteer Hours _____
20. Authorization to Release Confidential Information ARS 15-828(G) _____
21. Birth Certificate or document prescribed by ARS-15-828(A) – *Kinder must submit within 30 days of enrollment in school.* _____
22. Annual Tax Credit _____
23. Record of Previous Schools _____

Pursuant to ARS-15-184(I) Mission Montessori Schools (MMA & MYP) does not permit any pupil who has been expelled from another educational institution, or who is in the process of being expelled from another educational institution.

Admissions Staff Name

Admissions Staff Signature

Date

Current School Yr. _____ Today's Date: _____
Start Date: _____
St. Anthony _____ St. Apkar _____

PROGRAM: (Infant Transition) Toddler Primary Kindergarten
7:30am-5:30pm

Toddler - Kinder Only: _____ Half Day 8:30 am -12:00 pm _____ Full Day 8:30am - 2:45 pm _____ Extended Day 7:30 am-5:30 pm

Enrollment Application **2025-2026**

Date of Birth: ____/____/____

Student Information: Child current age _____ years _____ mos Sex: M F **State** of Birth: _____

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

Ethnic Origin (please circle): optional/not required as a condition of enrollment
Primary Language Spoken: Student: _____ Parents: _____
Hispanic or Latino American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

Mother's/Guardian's Information

Last Name: _____

First Name: _____

Occupation: _____

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

Address: _____

Street _____

City _____ State _____ Zip _____

Home Tel No: _____

(____)

Work Tel No: _____

(____)

Cell Tel No: _____

(____)

Email: _____

Father's/Guardian's Information

Last Name: _____

First Name: _____

Occupation: _____

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

Address: _____

Street _____

City _____ State _____ Zip _____

Home Tel No: _____

(____)

Work Tel No: _____

(____)

Cell Tel No: _____

(____)

Email: _____

Previous School Attended _____

School Address _____

Phone Number _____



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Enrollment Agreement for 2025-2026

This enrollment agreement is made by and between the undersigned parents or guardians of the herein named child, hereinafter referred to as "parent" and the MISSION MONTESSORI SCHOOL, hereinafter referred to as "school". The parent hereby enrolls the child named below according to the following terms and conditions.

Parent's Name: _____

Child's Name: _____

Birth Date: ____/____/____

		If Mailing: CHECKS MAIL TO: MISSION MONTESSORI SCHOOLS 5550 E MERCER LN. SCOTTSDALE, AZ 85254
Registration Fee: A non-refundable registration fee of \$285 must be turned in with packet	\$285.00 Yearly	Tuition is for the academic school year (10 Months). Payment options are: *Bi-Annually (1st Payment July 1st, 2nd Payment Nov. 1st) *Monthly Installments: 1st Monthly Installment July 1st 2nd Monthly Installment Sep. 1st
Specials / ODE Enhancement Project	\$500.00 One Time	A 5-day grace period is given and a late charge of \$25.00 will automatically be applied to your account for payment not received by the 5 th of each month. There is a \$35.00 charge for each returned check.
*Tuition: <u>Please check PMT plan</u> Monthly Installments _____		Monthly Installments 1 st PMT - July 1 st 2 nd PMT - September 1 st
*Tuition: Bi-Annually _____		Bi-Annually 1 st PMT - July 1 st 2 nd PMT - November 1 st

**fees in the above box do not apply to Charter Kindergarten*

Please initial that you have read the following:

____ I understand that I will have **2 business days** to decide about accepting an available position. If Mission Montessori School has not heard from me within that time frame, Enrollment will call the next person on the wait list.

____ **TUITION:** Toddler through Private Kindergarten tuition is an annual fee for the academic school year from August through May as per school calendar (approximately 185 days) and excludes holidays, weekends, spring break, and winter break. Infant and transition room tuition is due by the 1st of each month year round.

____ **PAYMENTS:** Installment payments are due by the 1st of the month unless specified otherwise in the billing statement. A late fee of \$25.00 will be charged for the fees not received by the 5th of each month. There is a \$35.00 charge for each returned check. A child will not be admitted if the tuition has not been received by the 10th of the same month.

____ **CHANGES IN RATES:** In order to maintain an educational standard of excellence or any changed circumstances the school has the right to raise tuition and fees upon thirty days' notice.

____ **ABSENCE, WITHDRAWAL, DISMISSAL AND REFUNDS:** There are no refunds or reduction of tuition for the absence of children from school due to illness or any other reason. Thirty day written notice is required to withdraw a child from the school. Failing to give a 30 day written notice will result in full payment for 30 days from the date of written notice, whether or not the child attends the school during the 30 day period. There are no refunds for mandatory school closures. A child may be dismissed by the school without prior notice, if in the sole opinion of the school, it is in the best interest of the child or the school to do so. If a child is dismissed from school, prepaid tuition shall be refunded from the date of dismissal.

Enrollment Agreement continued...Please initial that you have read the following:

EXTENDED DAY: Before school and after school program are to be paid with tuition. 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 are 7:30am- 8:30am & 2:45pm-5:30pm. Holidays are not included in the price (examples: Spring Break, Winter Break, Columbus Day, President's Day, etc.) Late fees: \$1.00 per minute after 5:30pm

SIGN IN AND OUT POLICY: All children enrolled in infant, transition, toddler, primary, and kindergarten programs are required by the school and The Department of Health to sign in and out with correct time and legible signature with first initial and last name, on a daily basis. The school reserves the right to charge a penalty of \$25.00 per day for unsigned days, due to penalties imposed by the AZ Dept of Health. There will be a \$1 per minute charge for pick-ups after 5:30 pm.

DAILY INSPECTION FOR ILLNESS: The child shall not be admitted to the school on any day when the child has obvious symptoms of illness or is believed to have been exposed to a contagious disease. There is a 24-hour return policy for any child who has a fever. See Parent Handbook.

RIGHTS OF DEPARTMENT OF CHILD PROTECTIVE SERVICES: The Arizona State Department of Child Protective Services or licensing agency shall have the authority to interview children, or staff and to inspect school records of any child without prior consent. The Department shall also have the authority to observe the physical condition of children, including conditions, which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine children.

LIEN ON PRIVATE STUDENT RECORDS CLAUSE: Parents recognize, agree and consent to the fact that all student's records are property of the school and that no records shall be released until all sums due hereunder are paid in full, and withdrawal notice is complete.

Parent acknowledges that he/she has read this **ENROLLMENT AGREEMENT** and has received a true copy. Parent also acknowledges receiving a copy of the **"PARENTS' SCHOOL POLICY HANDBOOK"** which contains: the school's admission, withdrawal policies and procedures, information concerning the school's activities, services, regular hours of operation, fees, procedures to be followed should child become sick or injured while in school, sign in and out procedure, and the school's inspection for illness procedure. Additional conditions and guidelines per the "School Policy Handbook." Signatures of parent(s) or legal guardians(s) financially responsible for the above child. *

Mother's Name Please Print

Phone #

Date

Mother's Signature

Father's Name Please Print

Phone #

Date

Father's Signature

***School Policy Handbook is available on our website at missionmontessori.com/hub**

Credit Card Payment & Authorization Form 2025-2026

Pay your monthly bill by credit card. Upon request, we can automatically charge your credit card on/or before the 5th of every month.

(Please note: if you already take part in this program, you will still need to fill out a new form for the current school year.)

Child's Name: _____

Name printed on Credit Card: _____

Address: _____ Zip: _____

Cell #: _____

Credit Card #: _____

Expiration Date: _____ CVC Code: _____ Billing Zip Code: _____

☐ One Time Charge for \$ _____

Itemized Charges:

☐ Automatically charge my card every month for Tuition in the amount of \$ _____

By filling out and signing this form, you are giving Mission Montessori permission to process your credit card for payment. There is a 3% processing fee to pay by credit card.

Signature: _____ Date: _____

Mission Montessori 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. There is a 3% processing fee to pay by credit card.

Authorized Signature: _____ Date: _____

Printed Name: _____

Child's Name: _____

Teacher's Name: _____

Kindergarten only



Arizona Department of Education
Arizona Residency Documentation Form
PROOF OF RESIDENCY

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)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- _____ 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

Kindergarten only **Affidavit of Shared Residence**
Complete ONLY if you are unable to complete page 7

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)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

Kindergarten - continued from page 8, only complete if you did complete page 7

State of Arizona

County of _____

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

By _____

My Commission Expires:

Notary Public

**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

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

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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Mission Montessori Schools
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: _____

Date of Birth: _____

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 my child's teacher and administration to have my child's medical information.

Parent Name _____ Date _____ Contact Phone
number _____



Permission/Release Form

Please initial each notice then sign the document at the bottom.

Student's Name

Program or Grade Level

Emergency Treatment Permission

1. 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.

WE CANNOT HAVE YOUR CHILD TREATED IN CASE OF AN EMERGENCY WITHOUT YOUR EXPLICIT PERMISSION! ☐ YES ☐ NO

Sunscreen /Bug Spray Application Permission

2. 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. ☐ YES ☐ NO

Photo/Film/Audio/Website Release

3. 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. ☐ YES ☐ NO

4. ☐ 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.
☐ YES ☐ NO

Immunization Notice

5. ☐ 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.

Parent Signature

Date

Mission Montessori Academy & Middle Years Program

August 2025

Dear Parents and Guardians,

Subject: New Arizona Law – Water Safety and Swimming Lessons Initiative - HB 2019

We are writing to share important information about a new Arizona law, House Bill 2019 (A.R.S. 15-249.19), aimed at helping keep children safe in and around water.

Why This Matters

Drowning is one of the leading causes of accidental death among young children in Arizona. Many of these tragedies are preventable through early water safety education and swimming instruction. The new “Every Child a Swimmer” initiative makes it easier for families to access trusted resources to teach children vital swimming and water safety skills.

What the Law Requires

All Arizona school districts and charter schools shall:

Upon student enrollment, provide parents and guardians with a list of certified water safety and/or swimming lesson programs, as posted on the Arizona Department of Education website.

Our Commitment to You

In alignment with HB 2019, The Arizona Department of Education has compiled a list of Arizona water safety and swimming programs that meet the law’s requirements. This information can be found on the [Arizona Department of Education’s School Safety Unit webpage](#), for your convenience.

We encourage you to review these options and consider enrolling your child in a program that meets your family’s needs.

Together for Safety

By working together as a school community, we can help prevent water-related accidents and give every child the confidence and skills they need to stay safe around water.

Thank you for partnering with us to keep all children safe.

Sincerely,

Joslyn Maike, M.Ed
Head of Schools

Direct Link: <https://www.azed.gov/wellness/water-safety-and-swimming-lessons>
2025-2026



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)

Mission Montessori Academy-Exceptional Student Services Form
KINDERGARTEN ONLY

Students Name: _____ Current Grade: _____ Today's Date: _____

1. Is your child enrolled in a gifted program? Yes/No
If yes, please explain _____
2. Is your child receiving special education services, under IDEA, and has an IEP (Individual Education Plan)? Yes/No
If yes, please explain _____
3. Is the IEP current? Yes/No
4. What was the eligibility determination? Circle all that apply. (Speech and Language, Learning Disability, Emotionally Disturbed, Hearing Impaired, Visually Impaired, or other _____)
5. Has your child ever qualified or received special education services, under IDEA with and IEP (Individual Education Plan) Yes/No
6. What was the eligibility determination? Circle all that apply. Speech and Language, Learning Disability, Emotionally Disturbed, Hearing Impaired, Visually Impaired, or other _____
7. Is your child under a 504 Plan covered by the American's with Disabilities ACT? Yes/No
If yes, please explain _____
8. Is the 504 current? Yes/No
9. Has your child been identified or is receiving services for an ELL (English Language Learners) program? Yes/No
If yes, please explain _____
10. Has your child been dismissed from any of the above mentioned program? Yes/No
If so, when and what was the reason _____
11. Has your child ever been diagnosed with ADHD or ADD or had difficulties with attention, dyslexia, autism or any other learning differences? Yes/No
If yes, please explain _____
12. Has your child had difficulties with his peers or with authority figures? Yes/No
If yes, please explain _____
13. Has your child ever exhibited aggressive behavior? Yes/No
If yes, please explain _____
14. Has your child ever been expelled? Yes/No
If yes, please explain _____
15. Is your child facing or in the process of being expelled? Yes/No
If yes, please explain _____

**completion of this form is used for continuation of services and is not a condition of enrollment*



The Mission Montessori Family-School Partnership (MMFSP)

Mission Montessori, in alignment with the educational philosophy of Maria Montessori, realizes that the partnership between school and family is instrumental in helping a child develop his or her full potential. We recognize that effective partnerships have these characteristics in common: open communication, mutual respect and a commitment to working together with a shared vision for the realization of goals.

Mission Montessori Schools are committed:

- To presenting to prospective parents our program and practices, philosophy and policies making all efforts to clarify the expectations and goals of both school and parents;
- To ensuring that teachers and administrators are accessible to parents, engaging in clear, open communication, always seeking and valuing the parents' perspective on their child.
- To actively seeking the knowledge, skills and resources of our parents in ways such as parent surveys, Parent Task Forces and the Mission Montessori Family-School Partnership, which will involve them when considering major decisions that affect the school community;
- To keeping the parents well informed on school and classroom activities, offering support in gaining a deeper, clearer understanding of the Montessori educational philosophy and methods in a variety of ways, including mass emails, an informative website, parent-education meetings, systematic reports, conferences, publications and informal conversations.

Please initial each item and sign at the bottom.

The _____ Family is committed:
(PRINT Family Name Here)

Please initial and sign below:

____By selecting a school offering programs and services congruent with the goals and philosophy of the family and fitting the needs of the child(ren);

____By demonstrating respect for school policies, procedures and support for school stability: by attending required programs and events such as conferences,

____By participating in Parent Education and Orientation opportunities and optional programs such as classroom and school fundraising events, and special child-centered events;

____By making timely tuition and fee payments; and participating in fundraising. **does not apply to charter kindergarten*

____By arriving in a timely manner for drop-off and pick-up each day;

____By offering **15 hours of service per child enrolled** during the current school year to the school/classroom/MMFSP (or a contribution of \$150 in lieu of volunteer hours paid to Mission Montessori Schools). **does not apply to charter kindergarten*

____**By not scheduling family vacations during school days as it reduces state funding per students absences.**

____By valuing the teacher/school's perspective on the child(ren), always seeking information directly from the classroom Lead Teacher.

____By providing any medical or personal information that may be needed to best serve your child(ren) and the family, such as keeping all immunization records, custodial papers, addresses and phone numbers updated at all times.

Parent Signature: _____ **Date:** _____

Parent Communication and Education

Please initial that you have read the following:

Parent Communication/Conferences/Progress Reports

Mission Montessori sends **mass emails** for general school information, posts **monthly newsletters** on each teacher's blog, and **maintains a working general calendar** on our website to keep parents informed of school and classroom activities and special events. **Two parent conferences** are scheduled during each academic school year. You may schedule additional conferences at anytime you feel that one is necessary. However, during class time, the teachers' full attention must be with her/his class, so even if you would like to see a teacher just for a few minutes, please arrange your meetings in advance, preferably before or after school.

Progress reports will be sent home two times a year for all students in both private and charter schools.

Parent Education

Parents are requested to attend parent orientation and parent education seminars designed to enhance your understanding of your child's Montessori education. The Montessori classroom atmosphere and approach to education differs from traditional public school. The more you know, the more you are able to support your child's learning experience. Participation fulfills Volunteer Hours.

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

Student:

Teacher: 2025-2026 (If Known)

PRINT PARENT NAME

PARENT SIGNATURE

DATE

PRINT PARENT NAME

PARENT SIGNATURE

DATE

Mission Montessori Family School Partnership

Mission Montessori requires 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**

*Credit Card*_____ (Please Complete Credit Card Payment 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: 2025-2026 (If Known)

PRINT PARENT NAME

PARENT SIGNATURE

DATE

PRINT PARENT NAME

PARENT SIGNATURE

DATE



Mission Montessori Schools
11050 N. 96th St., Scottsdale, AZ
85260 Tel: 480-699-4950 ext. 0
Fax: 480-314-3346

Authorization to Release Confidential Information and Records

Student Name

Date of Birth

Date of Request

Confidential Information/Records Requested By:

Judy Unkefer

Name of Authorized Requester

Mission Montessori Academy

Name of District or School

Administrative Assistant

Title

11050 N. 96th St.

Street Address

Email: office@missionmontessori.com

Scottsdale, AZ 85260

City/State/Zip

Requesting Confidential Records From:

School/Agency/Organization

Street Address

Phone No.

Fax No.

City/State/Zip

I authorize the release of all medical, educational, psychological and social information that has been made a part of the confidential records of the above-named student to the requesting party. I understand that this information will be used in a confidential and professional manner and in the best interest of the student, and that all information will be maintained in accordance with the Family Educational Rights and Privacy Act. I understand that my consent is voluntary and that the transfer of this information to the receiving school does not require my consent.

Signature

Relationship to Student

Date

Notice to Sending School:

Pursuant to ARS 15-828 (3f) "Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of the transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829."

Birth Certificate or document prescribed by ARS 15-828(A)

On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

CHECK ONE:

- ☐ A certified copy of the pupil's birth certificate.
- ☐ Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.

a. LIST DOCUMENT _____

- ☐ A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

MISSION MONTESSORI ACADEMY

★ Annual Tax Credit Campaign ★

YOUR voice **WILL** be heard!
YOU control where **YOUR** tax dollars go!

Remember your money is returned in full upon filing.

1. Send your donation along with this form to: mailing address: 11050 N. 96th St Scottsdale, AZ 85260 You can also drop it off at your child's campus main office. Online Payments Email JMartin@MissionMontessori.com
2. Receive your tax receipt.
3. Complete your state tax return.

*We need 100% participation from our families.
Donations from \$5 to \$400 are credited back to you on your Arizona State Income Tax return.
Any extra is greatly appreciated.*

Your contribution goes directly to:

Gardening, extra assistants in classroom to reduce student/teacher ratio, Music Program, P.E., Spanish, Sustainable System, and more!



Tax credits up to \$200 for single, head of household or filing individually; \$400 if filing jointly.

****Many employers have matching programs. Please check with your HR Department to see if your employer will match your contribution. Return your corporate matching form with your donation****

For more information please visit: www.revenue.state.az.us

Child/ren's Name: _____ Teacher's Name: _____

Select Payment Method:

Check # _____ in the amount of \$ _____

Credit Card: Visa ___ MasterCard ___ Discover ___ In the amount of \$ _____

Card # _____ Expiration: _____

Signature: _____ Date: _____ 3 Digit Code: _____

Your name: _____ Billing Zip Code: _____

Address: _____

City, State, Zip: _____

Contact Phone Number: _____

Email Address: _____

Mission Montessori Academy

**Authorization to Release Confidential Information
and Records from Current and Previous Schools**

Student's Name

Date of Birth

Parent's Signature

Requesting Confidential Records from all schools student has attended:

Current School: _____

Address: _____
City/State/Zip

Phone No.: _____ Fax No: _____

Kindergarten: _____
School Phone No.

1st Grade: _____
School Phone No.

2nd Grade: _____
School Phone No.

3rd Grade: _____
School Phone No.

4th Grade: _____
School Phone No.

5th Grade: _____
School Phone No.

6th Grade: _____
School Phone No.

7th Grade: _____
School Phone No.

8th Grade: _____
School Phone No.

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