

FOR OFFICE USE ONLY:

Student's Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Program: \_\_\_\_\_ Start Date: \_\_\_\_\_



## ENROLLMENT AGREEMENT

Updated April 30, 2026

Please Read All Terms and Conditions of Enrollment  
Prior to Initialing and Signing this Agreement.

## FAMILY INFORMATION

Student Name \_\_\_\_\_

Nickname \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age: \_\_\_\_\_ years \_\_\_\_\_ months

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent / Guardian Name** \_\_\_\_\_

Relationship to child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

**Parent / Guardian Name** \_\_\_\_\_

Relationship to child \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

## PROGRAM SELECTION

**Referencing the GBMS Program and Tuition Schedule, please circle your choices below:**

**Days attending:** 5 days (Mon - Fri) | 4 days (Mon - Thu)

**Time attending:** Extended day (7:30 - 5:15) | School day (8:30 - 3:00) | School day + AM (7:30 - 3:00)  
School day + PM (8:30 - 5:15) | Half day - 5 days only (8:30 - 11:45)

**Payment frequency:** Weekly, every Monday | Monthly, 1st of each month

## TERMS AND CONDITIONS OF ENROLLMENT

**Financial Policies:** *please initial each item*

1. \_\_\_\_\_ The \$100 application fee and \$350 annual registration/supplies fee are nonrefundable. The registration fee will be invoiced in August each year. If your enrollment does not begin in August, your registration fee will be prorated for the remainder of the school year.
2. \_\_\_\_\_ Under no circumstance will the \$500 enrollment deposit be refunded except in cases of documented family medical emergencies or active duty / reserve military orders. If you enroll with us and decide not to start, you will not receive your deposit back. *This deposit will be applied to your final tuition payment(s) provided that (1) You have been enrolled for at least six months. (2) The school has at least 90 days' notice of your intent to withdraw your child. (3) The notice is in writing and sent to your child's lead guide and our administrative account: [gulfbreezemontessori@gmail.com](mailto:gulfbreezemontessori@gmail.com).*
3. \_\_\_\_\_ GBMS does not offer make-up or additional days of attendance if school is closed for any reason, including inclement weather and absences.
4. \_\_\_\_\_ I have read and understand the White Rabbit Policy and will Venmo the guide who stayed with my child past my pick-up time (11:45, 3:00, 5:15).
5. \_\_\_\_\_ GBMS offers a 10% sibling discount per child enrolled, not to be combined with any other discount. GBMS offers a 10% military discount for active, reserve or retired military parents with a valid ID, not to be combined with any other discount. A copy of the parent's military ID will be retained. GBMS offers a 5% discount to families who pre-pay tuition for the year, not to be combined with any other discount.
6. \_\_\_\_\_ Voluntary withdrawal or absence for any reason, including (but not limited to) a change in program enrollment, vacation, illness, medical necessity, professional days, inclement weather, holidays, or moving, will not be refunded.
7. \_\_\_\_\_ Late tuition payments will result in additional fees billed via ACH. For this reason we encourage you to set up automatic ACH payments. A late payment fee of \$50 will be assessed after a five day grace period. A returned check or ACH NSF will result in a \$25 fee billed via ACH.

**Other Policies:** *please initial each item*

8. \_\_\_\_\_ GBMS administrators and trained Montessori guides will decide on class placement and start date based on the child's physical/social/emotional readiness. Please share any request for a specific class with our administrators if you have one, and it will be considered. Placement and start date are subject to change.
9. \_\_\_\_\_ GBMS reserves the right to deny, cancel or suspend a family's enrollment if it is in the best interest of the child or the school.
10. \_\_\_\_\_ I have received a copy of the Know Your Child Care Facility brochure, The Influenza Virus Guide brochure, and The Distracted Adult brochure and have reviewed the handbook policies on Discipline, Food and Nutrition.
11. \_\_\_\_\_ I agree to provide GBMS with a DH form 680 or DH Form 681 verifying compliance with or exemption of immunization requirements and the DH form 3040 Student Health Form, within 30 days of enrollment.
12. \_\_\_\_\_ I understand my child might be photographed or present in any video, advertisement, website, print material, or broadcast in association with GBMS that may be made available to the public.
13. \_\_\_\_\_ I have read the Illness Policy contained in the Parent Handbook, and I will pick up my child within the hour if GBMS informs me that my child is ill and I will follow all DCF, DOH and school guidelines regarding my child's return to school.
14. \_\_\_\_\_ I agree that if any person in our household contracts a communicable disease, even if they do not attend GBMS, I will inform GBMS immediately.
15. \_\_\_\_\_ I agree to message the school through Procure within one hour of the scheduled arrival time concerning tardiness or absence.
16. \_\_\_\_\_ I agree to message the school through the Procure "morning drop off notes" feature if there is anything out of the ordinary that could affect my child's day, such as a poor night's sleep, a relative in town, moving to a new house, the suspected early stages of illness or allergy, a change in diet, or other anomalies.
17. \_\_\_\_\_ I have read the community handbook in its entirety and agree to follow all of the rules, policies, and guidelines therein.

18. \_\_\_\_\_ If at any time a situation arises whereby I need more clarification about something in the handbook that directly concerns my child's experience in the classroom I will reach out to my child's lead guide.
19. \_\_\_\_\_ I value the commitment to the world-wide Montessori vision for peace on earth, and I understand that peace begins at home and in our communities; I will be respectful and kind under all circumstances.
20. \_\_\_\_\_ I agree to disclose to GBMS, prior to enrollment and throughout my child's attendance, any known or suspected developmental delays, disabilities, behavioral concerns, or learning differences, including any diagnoses, evaluations (completed or in progress), or educational plans (such as an IEP or 504 Plan).

## EMERGENCY AND HEALTH INFORMATION

### Emergency Contact Information / Authorization to Release Student

In the event that parents/guardians cannot be reached, list three local emergency contacts in order of preference. You authorize GBMS to release your child to these contacts if we are unable to reach you.

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

## Allergy Information

Does your child have a life-threatening allergy that requires an epi-pen? Please list the foods and any other allergens that could cause a severe allergic reaction. Please attach medical documentation of life-threatening allergies.

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Does your child have any food sensitivities that are not life threatening, but are restricted from his/her diet?

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Does your child have any kind of allergic reaction to animals, plants, pollen, or anything else we should know about?

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## Administration of Medicine/Ointment

\_\_\_\_\_(initial) I must give GBMS a signed, written permission letter to administer non-prescription medicine or to apply sunscreen, diaper rash cream or any other non-prescription ointment.

\_\_\_\_\_(initial) GBMS is not authorized to accept or administer any doctor-prescribed medication without a fully completed DCF Authorization Form signed by a parent or legal guardian.

## Authorization To Seek Medical Attention

\_\_\_\_\_(initial) I authorize GBMS to seek medical attention for my child in the event of an emergency. I authorize GBMS to transport my child via ambulance to the appropriate medical facility if urgent/emergency care is needed. The hospital and its medical staff have my authorization to provide any treatment that a physician deems necessary for the well-being of my child.

## Record Authorization and Declaration

\_\_\_\_\_(initial) I understand that minor accidents or injuries will be treated at the school and that I will be notified of any treatment. I also understand that specific medical information should be shared with school staff. All emergency information and health history are correct to the best of my knowledge, and I hereby grant permission for GBMS personnel to have access to my child's records. My child has permission to engage in all activities unless stated otherwise in the following section.

## Food Allergies and Dietary Restrictions

*Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food-related activities. These activities include such things as: classroom cooking projects, gardening, school-wide celebrations, and birthdays.*

\_\_\_\_\_ My child **DOES NOT** have a food allergy or dietary restriction. He or she **MAY** participate in food activities.

\_\_\_\_\_ My child **DOES** have a food allergy or dietary restriction. He or she **MAY NOT** participate in food activities.

\_\_\_\_\_ My child **DOES** have a food allergy or dietary restriction but can participate in food activities as long as he/she does not eat or handle the following items (please list below):

item 1 \_\_\_\_\_

item 2 \_\_\_\_\_

item 3 \_\_\_\_\_

item 4 \_\_\_\_\_

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**Florida Contract:** *This Agreement shall be deemed a Florida contract and construed according to the laws of such state, regardless of whether this Agreement is being executed by any of the parties hereto in other states or otherwise. The proper and exclusive venue for any action concerning this Agreement shall be the Circuit Court in and for Santa Rosa County, Florida.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_