



ENROLLMENT INFORMATION



### **CHILDREN SERVED**

Toddler	24-35 months
Primary	3-5 year old kindergarten

### **SCHOOL HOURS**

Regular School Day — 7:00 a.m. – 3:30 p.m.  
Extended Day — 3:30 p.m. - 5:30 p.m.

### **SCHOOL YEAR**

August – July  
*(Except for Holidays and Staff Training Days)*

### **OPEN ENROLLMENT**

**Now accepting toddlers and primary age children**

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### **TO ENROLL YOUR CHILD**

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Complete the attached application and return with the \$35 application fee to:

**KINGSTON MONTESSORI**

508 Clinton Blvd. • Clinton, MS 39056

We will contact you upon receipt of your application.

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***For more information about Kingston Montessori,  
call to schedule a tour***

Dr. Limmie M. Flowers, Director

Phone: 601-488-4769

Moblie: 601-942-8986

Email: [lflowers@kingstonmontessori.org](mailto:lflowers@kingstonmontessori.org)

**or visit our website**

**[www.kingstonmontessori.org](http://www.kingstonmontessori.org)**



## *Nurturing Tomorrow Today*

KINGSTON MONTESSORI Children's Learning Community is now enrolling toddler and primary age children.

Kingston Montessori is established to meet the need of today's parents who desire a different kind and quality of learning environment for their young children. We share ideals, desires, attitudes and goals for the child. We offer a year-round program. The learning day will include the authentic Montessori environment and activities to inspire learning and awaken the human spirit.

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### **OUR VISION**

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Our vision is that our children are inspired, confident and independent learners, socially responsible individuals who have acquired the foundation for the academic core.

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### **OUR GOALS**

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- To provide quality experiences that nurture and support the child's natural process of learning
- To prepare an environment, both indoor and outdoor, that provides opportunities and freedom to explore, discover, investigate, and to construct knowledge
- To honor and respect the child as an individual with deep concern for his social and emotional development
- To consciously teach children to be kind and peaceful
- To help children understand academic concepts, rather than a focus on rote drill and memorization
- To work as partners (teacher, parent, and child) to support the child's development

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### **OUR MISSION**

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To create and provide an authentic Montessori environment that nurtures development, inspires learning, and unlocks potential



## OUR PROGRAM

### TODDLER

Our **Toddler** (Ages 24-35 months) program supports the child's development of cognitive and linguistic skills. The environment is carefully prepared to be in harmony with the process of development. Materials and activities proceed in order of use and complexity while providing freedom of movement and opportunities to explore and discover. The language-rich environment is an extension of the home.

The toddler gains independence in caring for himself. He engages in cooking, cleaning, gardening, reading, exercising, and the general art of daily living. To nurture and support the child's development, loving and caring teachers work in partnership with parents.

### PRIMARY

Our **Primary** (Ages 3-5) program provides a systematic sequence of learning activities created by Dr. Montessori. These activities support the child's development of concentration, a sense of order, movement, language, and independence. In partnership with the teacher and within a prepared environment, the child engages in self-directed activities to construct knowledge, solve problems, and thereby strengthens his capacity for learning. The foundation for life-long learning is formed through specific curricular areas:

- Practical Life
- Sensorial
- Language
- Mathematics
- Cosmos education (science and geography)
- Music
- Physical Education
- Art



## OUR STAFF

### **Limmie Flowers**

Limmie Flowers (Director), a 40-year veteran educator, is a former kindergarten and sixth grade teacher, director of pre-school programs, principal, assistant superintendent, principal mentor, and instructional leadership facilitator and coach. She completed her undergraduate studies at Tougaloo College, receiving a Bachelor of Arts Degree in Music. She received the Education Doctorate Degree in Early Childhood and Elementary Education from Jackson State University. She is licensed by the State of Mississippi in school administration, supervision of curriculum and instruction and as an early childhood and elementary teacher.

Her grandson re-ignited her interest in Montessori education and she has been working with the Montessori Foundation, and The Center for Guided Montessori Studies during the past year. Recently, she completed the Residency to become a certified Montessori teacher. She is also a member of the American Montessori Society.

Dr. Flowers is motivated to expand the availability of a Montessori education to more children and to support parents during the child's formative years. Kingston Montessori, "A Children's Learning Community", will provide an environment that inspires learning, nurtures development, and unlocks potential.

### **Eloise Jones**

Eloise Jones (Primary Teacher) is a Mississippi certified teacher who holds a Master of Education Degree from Mississippi College in Administration and Curriculum and Instruction and a Bachelor of Science Degree (K-3) from the University of Mississippi. She began her career in education over 30 years ago as a preschool teacher, serving students from ages two through five. She has also had various experiences working with lower elementary students. After retiring from the public school system as an elementary school principal, she realized that she continues to have a love for working with young children. Eloise has completed the residency for Montessori Teacher Certification through The Center for Guided Montessori Studies. Her desire is to create an inspiring environment that will help children grow to their fullest potential and discover the joy of learning through developmentally appropriate material and activities.

### **Sharon Harper**

Sharon Harper (Toddler Teacher) graduated from Jackson State University with a Bachelor of Social Work degree. Her love for helping people was the driving force behind her desire to major in social work. She began her career with the state of MS as an Eligibility Worker with the Department of Human Services. Her success in the public arena led her to becoming one of five Disability Rehabilitation Services Hearing Officers.

After more than 34 years of state service, she retired to pursue other opportunities that would allow her to continue to help others in a different capacity. Because of her innate love of children, she has found working at Kingston Montessori a fulfilling environment to grow in and give back to. Her passion for helping young minds achieve and develop to their brightest potential gives her effortless motivation to assist them in their quest for knowledge and growth. She believes the Montessori way is truly the best environment for facilitating growth, discipline and an unrivaled work ethic in children.



## **ADMISSIONS PROCESS**

Our primary goal in the admissions process is to ensure that KINGSTON MONTESSORI - A CHILDREN'S LEARNING COMMUNITY is the appropriate early learning environment that best meets the developmental needs of the child, and is aligned to the family's goals and expectations. Our success in working with the child is inherent in the partnership and relationship we establish and maintain with the family.

The first step in the admissions process is to submit an initial enrollment application along with a \$35 application fee. This application serves as a formal introduction to you and your child and indicates your interest in our Montessori Children's program.

We will then contact the parents to schedule an interview. During the interview we will share additional information about our Montessori early learning program - its structure, goals and purposes. This is also an opportunity for us to get to know your family on a more personal level, so that we can work harmoniously to support you and your child during this most important period in the child's life.

At this time we will also share information about the tuition and payment policy.

Following the interview, the parent will be notified of the child's admissions status. The registration fee is due prior to the child's first day of school attendance.



<b>FEES AND TUITION SCHEDULE</b> <b>2017-2018 Year-Round</b> (School Year and Summer)				
PROGRAMS	MONTHLY TUITION RATE Per child		APPLICATION & ENROLLMENT FEES	
	Toddler	Regular School Day <i>(7:00 am - 3:30 pm)</i>	\$700	Application <i>(Submit cash or check with application)</i>
Extended Day <i>(3:30 pm - 5:30 pm)</i>		\$200 <i>(Bank Draft on the 5<sup>th</sup> of each month)</i>	Registration Fee <i>Due upon Acceptance for enrollment)</i>	\$300
Primary				

*I understand the cost of the program and agree to enroll my child in the program checked above. I understand there is a non-refundable application fee of \$35. Upon acceptance for enrollment there is a registration fee of \$300.*

**ENROLLMENT APPLICATION**

*Please complete this application in its entirety. If an item is not applicable, please answer N/A.*

Date of Application: \_\_\_\_\_

Program: \_\_\_ Toddler (24-35 months) \_\_\_ Primary (3-5 yrs.)

**Child's Name:** \_\_\_\_\_  
(First) (Middle) (Last)

Child's Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Gender: Female \_\_\_ Male \_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**FAMILY INFORMATION**

**Mother's Name:** \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Father's Name:** \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Siblings:** \_\_\_\_\_  
(Full Name) (Age) (Full Name) (Age)

\_\_\_\_\_ (Full Name) (Age) (Full Name) (Age)

How did you hear about Kingston Montessori? Website/Internet \_\_\_ Advertisement \_\_\_

Referral (Name) \_\_\_\_\_

**Return this form with the \$35 application fee to:**

**KINGSTON MONTESSORI • 508 Clinton Blvd., Clinton, MS 39056 (Phone: 601-488-4769)**

*I understand that the enclosed fee is non-refundable and not applicable to tuition.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*We welcome all children without regard to race, color, religion, gender, or national origin.\*\*\***

<b>For Office Use</b>			
Date Received: _____	Interview Date: _____	Observation Visit: _____	Receipt of Application Fee: _____
	Amount: \$35	Date: _____	Check #: _____ Receipt #: _____





## ENROLLMENT INFORMATION – PART II

**CHILD'S NAME:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_

### Health Information

Describe your child's general health: \_\_\_\_\_

List any special needs your child may have: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Is your child allergic to any foods? Please list: \_\_\_\_\_

### Authorized Person to call in an Emergency if Parent cannot be contacted:

*(Proof of identification must be presented prior to the release of the child)*

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

Address \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### The following people are allowed to pick-up and drop-off my child:

*(Proof of identification must be presented prior to the release of the child)*

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_



## MEDICAL TREATMENT AUTHORIZATION FORM

This form grants temporary authority to the Director to provide and arrange for medical care for my child in the event of an emergency, where the child is not accompanied by either parents or legal guardians.

### Child

Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

### Information for Medical Treatment

Physician's Name and Location of Practice: \_\_\_\_\_

Physician's Phone # (if known): (\_\_\_\_) \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Allergies (Other): \_\_\_\_\_

Please note **all** conditions for which the child is currently receiving treatment:

Note any other significant medical information:

### AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIANS(S)

I do hereby state that I have legal custody of the aforementioned child. I grant my authorization and consent for \_\_\_\_\_ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by my child. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat my child and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: \_\_\_\_\_ . Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent / Legal Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Toilet Trained**

Child's Name: \_\_\_\_\_

My child is toilet trained \_\_\_\_\_ Yes \_\_\_\_\_ No

If "No", a consultation between the parent and the teacher is required to be documented prior to toilet training and kept on file.

Date of consultation: \_\_\_\_\_

**Breakfast** *(served from 8:15 a.m. - 8:30 a.m. daily)*

My child will eat breakfast at the Kingston Montessori: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Record to be update & signed by parent if NO changes (once a year):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTOR USE ONLY:** Enrollment date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Withdrawal: \_\_\_\_\_



## PHOTO/VIDEO RELEASE

Dear Parents,

Your child's classroom teachers are currently completing a Montessori teacher education course with the Center for Guided Montessori Studies.

Course requirements include taking photos and videotaping the class at work, as well as videotaping presentation of lessons. These videos and photos will be used for the sole purpose of providing instructional feedback to the teachers in this training program. Please complete the release form below and return it to school ASAP.

Thank you for your support of our teachers and school.

Sincerely,

Limmie M. Flowers, Director

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### RELEASE TO VIDEOTAPE AND PHOTOGRAPH MY CHILD

I hereby grant permission to Kingston Montessori teachers and the Center for Guided Montessori Studies to videotape and/or photograph my child, \_\_\_\_\_. I understand that these videos and photographs will be used solely for educational purposes.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(ADDRESS)

## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(As it appears on financial institution records)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

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

Transit/ABA #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

I hereby authorize the Financial Institution named above to pay my monthly:

\_\_\_\_\_ Fees

\_\_\_\_\_ Dues

\_\_\_\_\_ Bills

by charging each payment to my account and to make that deduction payable to the order of \_\_\_\_\_ (Company). I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and \_\_\_\_\_ (Company) reserve the right to terminate this payment plan (or my participation therein).

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NOTE: Please return this authorization and a VOIDED check on your account to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ATTN: \_\_\_\_\_



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**CHILD CARE REGULATIONS SUMMARY FOR PARENTS**

Dear Parents,

The **Regulations Governing Licensure of Child Care Facilities** require that child care providers supply you with a summary of the Child Care Regulations that govern the licensure of child care facilities.

The Child Care Regulations are the rules and regulations that each child care facility in Mississippi must follow in order to maintain their Child Care License. You, as a parent, are entitled access to these regulations. Among the subjects covered in the Child Care Regulations are:

- Licensing Requirements
- Buildings & Grounds
- Rights of Entry & Violations
- Health, Hygiene, Safety
- Facility Policies & Procedures
- Nutrition & Meals
- Personnel Requirements
- Discipline & Guidance
- Records
- Transportation
- Reports
- Diapering & Toileting
- Staff Requirements
- Swimming & Water Activities
- Program Activities
- Feeding of Infants & Toddlers
- Children with Special Needs
- Night Care
- School Age Care
- Summer Day Camp & School Age Programs
- Hourly Child Care
- Hearings, Emergency Suspensions, Legal Actions & Penalties
- Release of Information
- Rest Periods
- Equipment, Toys, Materials

**APPENDICES**

- Appendix A – Child Abuse & Neglect Reporting
- Appendix B – Reportable Diseases
- Appendix C – Nutritional Standards
- Appendix D – Playground Safety Standards
- Appendix E – Dishwashing Procedure
- Appendix F – Hand washing Procedure
- Appendix G – Diaper Changing Procedure
- Appendix H – Cleaning & Disinfection Procedure
- Appendix I – Communicable Disease/Conditions & Return of Child Care Guidelines

A full copy of the Child Care Regulations should be located in the Director’s office of your child care facility. It should be available for your examination upon request. You may also access the Regulations at [www.healthymms.com](http://www.healthymms.com) (from the left menu, select *Licensure*, then *Child Care & Youth Camps*.) You may direct your questions to your local licensing officials, or you may contact the Child Care Licensure office in Jackson at (601) 364-2827.

Should you have a complaint concerning a child care facility, contact your local licensing official

Tara German

Email: [tera.german@msdh.ms.gov](mailto:tera.german@msdh.ms.gov)

at - Office: 601-636-4356 ext.108

Fax: 601-636-8557



**Read and INITIAL the appropriate answer to the following items:**

\_\_\_\_\_ Yes \_\_\_\_\_ No

I have been given a copy of the MSDH Regulation Summary for Parents. I have read and understood it.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I have been given a copy of the Parent Handbook. I have read and understood it.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that KINGSTON MONTESSORI uses **photographs** and names of students for advertising purposes, newsletters, website and Facebook. My child may be photographed.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Kingston Montessori may obtain emergency medical treatment for my child if needed.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I have submitted a completed 121 Immunization Compliance Form to Kingston Montessori **before child attends**.

## **INSTRUCTIONS**

1. Fill out application.
2. To submit, click “File” at the top of your internet browser.
3. Choose “Export as PDF”. Adobe Acrobat should open.
4. When that software opens, you will be able to proof your application before emailing it.
5. After proofing, choose “File” and select “Send File”.
6. Choose “Attach to Email”.
7. Select your email options. You will be redirected to compose an email.
8. The application will be attached. Send the email to [lflowers@kingstonmontessori.org](mailto:lflowers@kingstonmontessori.org).