Dothan Montessori School
Sponsored by the Marnix E. Heersink Family Foundation

474 S. Oates Street
Dothan, AL 36301
334-209-8587
director@dothanmontessorischool.org

Dear Parents,

Welcome to Dothan Montessori School! We are thrilled that your family is joining DMS for the school year. We look forward to guiding your child as we foster their innate curiosity and help them develop a life-long love of learning.

Enclosed you will find the DMS enrollment packet, which includes the tuition contract and auto debit form. You may scan all pages and email them to the director email (above), mail the completed forms to the DMS office, or arrange a time with the Director to drop them off at the DMS office.

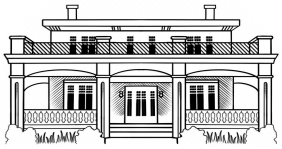
Please follow the following guidelines for your 25% tuition deposit due May 23, 2026:

| | Returning Families | New Families |
|---|---|---|
| Half Day | $1,350.00 ($250 credit)<br>$200.00 snack fee<br>$250.00 materials fee<br>**TOTAL: $1,800.00** | $1,600.00 tuition deposit<br>$200.00 snack fee<br>$250.00 materials fee<br>**TOTAL: $2,050.00** |
| Full Day | $2,400.00 ($250 credit)<br>$300.00 snack fee<br>$250.00 materials fee<br>**TOTAL: $ 2,950.00** | $2,650.00 tuition deposit<br>$300.00 snack fee<br>$300.00 materials fee<br>**TOTAL: $3,250.00** |

If you have any questions, please contact me by phone or e-mail.

Sincerely,

Nicole Bradshaw
Director



Dothan Montessori School

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## Enrollment Forms

Dothan Montessori School does not discriminate on the basis of race, color, national or ethnic origin, religion or sex in administration of its educational policies, admissions, athletic and other school-administered programs.

# Child's Preadmission Record

Child's Name: _____ Name child is known by: _____ Child's birth date: _____

Name of parent(s)/guardian(s): _____

Home address: _____

Mother's employer: _____ Work number: _____ Cell number: _____

Father's employer: _____Work number: _____ Cell number: _____

Name of child's doctor: _____ Phone number: _____

Describe any special needs or instructions below:

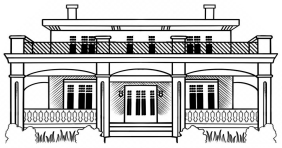
| |
|---|
| |
| |
| |

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

| Name | Relationship to child | Telephone number |
|---|---|---|
| | | |
| | | |
| | | |

Person(s) the child may be released to: If more room is needed, please use the space underneath, or the back.

| Name | Relationship to child | Telephone number |
|---|---|---|
| | | |
| | | |
| | | |
| | | |



Dothan Montessori School

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# Allergy Information Form

## Student Information

Name of Student: _____ Date of Birth: _____

Physician's Name / Phone: _____ Insurance Card Number: _____

Preferred Hospital: _____

Allergies:

_____

_____

_____

Identification of onset of allergic reaction:

_____

_____

_____

Actions to be taken at onset of allergic reaction:

_____

_____

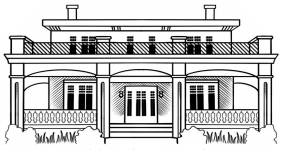
_____

Actions to be taken if reaction is considered serious by staff:

_____

_____

_____



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# Emergency Authorization Form

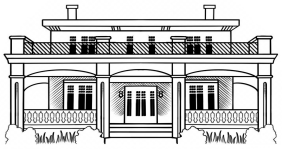
**I give permission for Dothan Montessori School to obtain emergency medical treatment, including medical transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what process DMS is to follow in an emergency.)**

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date



Dothan Montessori School

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## Authorization for Sunscreen and First Aid Ointments

Please place a check beside each of the following items that you grant DMS permission to administer to your child on an as-needed basis.

***This year, parents should apply any desired sunscreen and bug repellent at home before child comes to school. Full-day students may send in extra for re-application in the afternoon, if desired.**

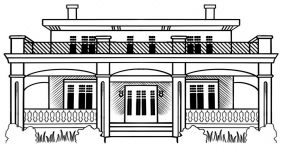
_____ First aid cream/ointment

_____ Sunscreen (sent by parents; full-day students only)

_____ Bug repellent (sent by parents; full-day students only)

Signature:_____

If your child requires any other medication during the school day, please ask your child's teacher or the DMS Director for a Medication Authorization Form. No medication shall be administered to a child without a filled-out and signed authorization form, from the child's parent(s)/guardian(s).



Dothan Montessori School

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# Illness Policy

**Please DO NOT send your child to school on days when any of these symptoms are present**:

- Fever of 100.4◦ F
- Diarrhea
- Vomiting
- Nausea
- Persistent cough and/or sore throat
- Unusual yellow color to skin or eyes
- Skin or eye lesions or rashes that have not been diagnosed or that are severe, weeping, or pus-filled.
- Stiff neck and headache with one or more of the symptoms listed above.
- Difficulty breathing or wheezing
- Complaints of severe pain

If your child is not feeling well in the morning, please observe them closely before sending them to school and risking the health of other children.

**For the good of the community, we ask that DMS siblings of the symptomatic student stay home until everyone in the household is no longer symptomatic or cleared by a doctor.**

Any child who becomes ill during the day will be separated from the group but will have continuous supervision by a staff person. The parent(s)/guardian will be notified and asked to pick the child up from school within an hour.

**Children must be free from any of the above symptoms (without any prescription or over-the-counter medication) for 24 hours before returning to school or 24 hours with a doctor's release. For lice, treatment must have been applied and the child must be nit-free for 24 hours.**

If your child is diagnosed with any communicable disease (head lice, chicken pox, whooping cough, fifth disease, pink eye, etc.), please report this at once to the Director as well as to your child's teacher.

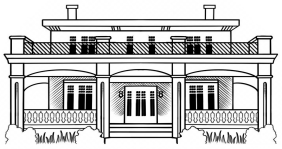
**I have read and understand the Illness Policy.**

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date



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## Conditional Admission Policy

All children are accepted to DMS on a conditional basis. DMS wants to ensure that our program is right for the child as well as the family. Once a child enrolls at DMS, there is a 5-week assessment period. During this time, the child is adjusting to the Montessori environment, and teachers are observing the child to make sure that our environment is a good fit. A phone call or in-person meeting will be scheduled to go over observations and formally end the assessment period. If at the end of the 5-week assessment it appears that the Montessori environment at this school is not a good fit, the school will refund tuition and snack fee prorated for the weeks of attendance.

At any later point, should the Director, under the advisement of the classroom teachers, determine a child does not benefit from this Montessori environment or if a child's behavior is consistently disruptive to the learning environment and community, DMS reserves the right and option to terminate any child's enrollment in the school.

**I have read and understand the Conditional Admission Policy.**

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date

Dothan Montessori School
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# Behavior Management Policy

The Montessori method provides freedom within limits. Each class has basic ground rules concerning personal safety, dignity and use of materials. The objective of discipline is to reduce the focus on adult control and increase the emphasis on the child's development of self-discipline.

Teachers use positive discipline, which includes positive reinforcement, redirection and natural consequences. The staff of Dothan Montessori School does not use corporal punishment, and we request that parents/guardians refrain from physically disciplining their child on school property.

When a situation arises, parents are promptly notified. Teachers and parents will collaborate to devise a plan to assist the child both at school and at home. Children benefit from consistency between home and school, and parents and teachers will communicate to promote consistency. If necessary, the teacher may decide that a child will benefit from a Needs Assessment (see below).

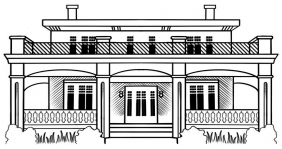
The school will make every effort to ensure that all communications from DMS related to children's conflicts are respectful, professional and aimed at working together. The school expects the same from parent(s)/guardians. Because resolving conflicts may require cooperation from several families, the school requires all parents to model for their children, in words and actions, respect for and willingness to cooperate with the school's policies, staff and other children and families.

Any behavior that causes persistent or significant disruptions to the classroom environment, or which poses a danger to other students, will constitute grounds for suspension or dismissal from school.

**I have read and understand the Behavior Management Policy.**

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date



Dothan Montessori School

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# Needs Assessment and Referral Policy

Our goal is to provide the best possible support to your child within the carefully prepared Montessori environment. One of the essential responsibilities of our teachers is to observe students closely. Occasionally, the teachers may notice behavior (emotional, social, or academic) that hinders the child's ability to thrive as a student and member of the DMS community. In such cases, we follow the steps outlined below:

1) The lead teacher and/or assistants will log incidents.
2) The teacher and/or assistants will attempt to modify the environment to help the child succeed.
3) The lead teacher will meet with parents/guardians to share observations, and make recommendations. The parents/guardians and teacher will develop a strategy to support the child at home and at school. This plan will be shared with the Director as well. The teacher will stay in communication with the parents/guardians using written updates.
4) If behaviors persist, the teacher will ask a colleague and/or Director to observe the student, and will inform the Director of this action. The teacher will implement suggestions arising from the observation.
5) If the behavior continues, teacher, assistant(s), observer, and Director will meet to determine the next steps.
6) The Director, teacher and assistant(s) will meet with the parents/guardians to make recommendations, which may include third party intervention (e.g., pediatrician, speech therapy, physical therapy, etc.) and/or behavioral or special needs assessment. A written plan with a timeline will be created by the lead teacher and signed by the parents/guardians.
7) If the parents/guardians are unwilling or unable to respond to recommendations or engage necessary professionals in a timely manner, or at all, the Director will notify the parents/guardians that enrollment may be terminated.
8) If behavior persists despite best efforts from all parties, a family's enrollment may be terminated at any point during the school year.

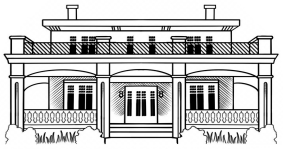
**I have read and understand the Needs Assessment Policy.**

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date



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## Arrival/Departure Procedures

Dothan Montessori School offers a secure drop-off and pick-up location. Please use our carline from 8 a.m. to 8.20 a.m. During this time, a staff member will greet your child at the car and escort him/her into the building. You are required to sign-in using the Brightwheel app.

If you arrive after 8:20 a.m., please park and walk your child to the front door. The Director or a teacher will greet your child while you sign him/her in on Brightwheel. To encourage independence, please allow your child to walk rather than carrying him/her.

Please note that we can only release your child to individuals listed on their enrollment form. If you would like someone other than those listed on the enrollment form to pick up (e.g., a visiting relative), we must have this request in writing or in Brightwheel in advance of pick up. We will ask this person for a picture I.D.

## Late Policy

Unless previous arrangements have been made with your child's teacher, please do not bring your child to school after 9:00 a.m. Arriving late deprives your child of valuable classroom time and can be embarrassing for them. It also disrupts the classroom activities already in progress. We are working very hard to instill consistency, as well as respect for your child's self and others in our school. Please keep this in mind as you are preparing your morning routine.

Pick-up time is between 11:45 a.m. and 12 p.m. for all Half Day Program students and between 2:45 p.m. and 3 p.m. for all Full Day Program students. If you are late picking up your child from school, we will attempt to contact you or an approved guardian. Your child will remain with a staff member until someone picks him/her up, and there will be a late fee of $1.00 per minute per child. Billing for late pick-up is done at the end of each month.

**I have read and understand the Arrival/Departure and Late Policies.**

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date

Dothan Montessori School
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# Snack and Lunch

As part of learning to respect their bodies, we help children establish healthy eating habits by providing nutritious morning snack options.

**Due to allergies, DMS is a nut-free campus.**

A balanced snack or lunch includes protein, natural sugars, and carbohydrates. Refined sugars in many forms (candy, chocolate, juice, soda, cookies, etc.) are not allowed. Some of the foods that will help fuel your child's learning include fresh or freeze-dried vegetables, fresh or dried fruit, applesauce, cheese, yogurt, boiled eggs, hummus, deli meats, whole grain tortillas, or rice crackers.

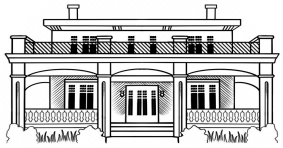
Primary Students who stay for the Full Day Program should bring their own lunch. Please provide proper insulation for any food that needs to stay cool.

Water will be available to children throughout the day. Children should bring a water bottle to school for outdoor time.

The snack fee is $200 per year for the Half Day Program, due in full with your 25% tuition deposit.

The snack fee is $300 per year for the Full Day Program, due in full with your 25% tuition deposit.

*A child's allergies may require some modifications to the snack menu in individual classrooms.



Dothan Montessori School

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# Volunteer Interest Form

Family involvement is vital to Dothan Montessori School's success. DMS families are asked to contribute time and/or resources during the academic year. Please check the opportunities below to indicate your preferred volunteer interests.

Name(s): _____

- ☐ Set-up and clean-up during family event(s)
- ☐ Snack and/or craft supply donation for family event(s)
- ☐ Donation for classroom activity (i.e. food for food prep lessons)
- ☐ Montessori Madness 5K planning committee
- ☐ Sprint Fling / Art Show planning committee
- ☐ Teacher Appreciation Week Volunteer
- ☐ Leading music time or cultural event in classroom/playground

  Comment:

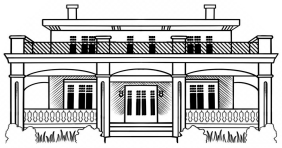
  _____

  _____
- ☐ Guest reader in classroom
- ☐ Playground / yard maintenance

Please list any other skills or interests you might like to lend to DMS:

_____

_____



Dothan Montessori School

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# Media Release Form

I hereby grant permission to Dothan Montessori School to use photographs or videos of my child in media such as, but not limited to, newsletters, brochures, flyers, the school's website, and the school's Facebook page. I understand that these photos or videos can be viewed by anyone, but no identifying information will be displayed.

Please check ***one*** of the following:

_____ I am the parent or legal guardian of the following child(ren) under 18 years of age, and **I give permission for their images to be published as noted above.**

_____ I am the parent or legal guardian of the following child(ren) under 18 years of age, and **I do not give permission for their images to be published as noted above.**

_____ I am the parent or legal guardian of the following child(ren) under 18 years of age, and **I give permission for their images to be published as noted above with the exception of the website and Facebook pages.**

**Child's Name: _____**

**Guardian's Name: _____**

**Guardian's Signature: _____**

**Date: _____**

Dothan Montessori School
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# DMS Family Directory Information

DMS has a school-wide directory that allows parents to connect with one another. Please fill out this form completely, and indicate whether you'd like each item included in the directory. *We would like all the information regardless, to add to the classroom emergency bags.*

**Child(ren)'s Name(s):** _____

| | | **Include in directory?** |
|---|---|---|
| **Parent 1** | Name: _____ | ☐ |
| | Email: _____ | ☐ |
| | Phone: _____ | ☐ |
| **Parent 2** | Name: _____ | ☐ |
| | Email: _____ | ☐ |
| | Phone: _____ | ☐ |

# Acknowledgements

Please initial beside the statements below to indicate that you are aware of and understand our key policies, and sign and date the bottom of this form.

_____I/We have read, understand, and agree to abide by the policies provided in the Dothan Montessori School Parent Handbook. I understand that these policies are subject to change.

_____ Carline drop off is between 8:00 and 8:20 a.m. After 8:20 a.m., I should park and walk my child into school. Unless previous arrangements have been made, I will not bring my child to school after 9 a.m. I understand that bringing my child late to school is a disruption to my child's classmates, teachers and my own child.

_____ My child and DMS siblings must be fever-free and free of symptoms (diarrhea, vomiting, nausea, severe cough, yellow color to skin or eyes, rashes, skin or eye lesions, difficulty breathing or wheezing, complaints of severe pain) for 24 hours WITHOUT the use of any prescription or non-prescription medications or 24 hours with a doctor's release before he/she can return to school.

_____ I am aware that my family is encouraged to volunteer time and/or resources during the school year. I have returned my "volunteer interest form" and will commit to being involved in the upcoming year. To learn more about volunteer opportunities, please ask your child's teacher and/or administrative staff.

_____ I understand that my child will not be able to attend school with expired or missing forms, including the Blue Alabama Immunization form and the Child's Medical Report form, signed by a physician.

_____ I understand that once my child enrolls at DMS, there is a 5-week trial period. During this time, the child is adjusting to the Montessori environment, and teachers are observing the child to make sure that our environment is a good fit. If at the end of the 5-week trial it appears that the child and the school are a good match, admission will be granted. If at the end of the 5-week trial it appears that the Montessori environment at this school is not a good fit, the school will refund tuition and snack fee prorated for the 5 weeks of attendance.

_____ I understand that if I choose to withdraw my child at any point in the year after the 5-week trial period, or if my child is dismissed from the school after the 5-week trial period, my balance will be due for the remainder of the year and Dothan Montessori School reserves the right to fill the spot in the classroom.

_____I have enclosed (or already paid) the enrollment fee of $250. I understand that the enrollment fee is nonrefundable, and will be applied to my tuition deposit.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date



Dothan Montessori School

Sponsored by the Marnix E. Heersink Family Foundation

474 S. Oates St.
Dothan, AL 36301
director@dothananmontessorischool.org

# Tuition Automatic Debit Authorization Form

I, the bank account holder, authorize Dothan Montessori School and its successors and assigns to initiate electronic debits from the bank account listed below. These debits will occur in the amount of the regular monthly tuition payment (as well as in the amount a $10 fee that will incur if a debit transaction is unsuccessful as the result of having insufficient funds in my bank account) on or before the first of each month, to begin September 1, 2026 and to conclude May 1, 2027 (or until tuition is paid in full).

I understand that my monthly auto-debit will be:

- $533.33 Early Primary & Primary Half Day Program
- $883.33 Primary Full Day Program

I acknowledge and agree that I am responsible for overdraft, insufficient funds and other service charges that my bank may impose in connection with the bank account listed below.

This authority shall remain in effect until Dothan Montessori School receives notice from me (the bank account holder) in writing by e-mail or letter or until the loan account has been paid in full. I understand that it may take as long as 10 days for Dothan Montessori School to process automatic debit cancellation requests, so I will notify the school at least 10 days prior to the next scheduled automatic debit transaction.

**Section I: Bank Account Holder Information**

Name (as it appears on bank account): _____

Address:
_____

Phone Number: _____

Email: _____

**Section II: Bank Account Information and Authorization**

Type of Bank Account (savings or checking): _____

Bank Account Number: _____

ABA Bank Routing Number: _____

Bank Holder Signature: _____



Dothan Montessori School

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# Tuition Contract 2026-2027

Dothan Montessori School does not discriminate on the basis of race, color, national or ethnic origin, religion or sex in administration of its educational policies, admissions or other school-administered programs.

This confirms my intention to enroll _____ in the _____
*Child's Name* Half-day / Full-day; Early Primary / Primary
at Dothan Montessori School for the 2026-2027 school year, subject to the following terms.

I. A non-refundable tuition deposit of **25% of your child's yearly tuition is due with this signed Agreement** and will be credited to the student's account for the above-noted school year The receipt of the deposit and this signed Agreement constitutes a contract that the above -named child will attend Dothan Montessori School. The tuition deposit is non-refundable.

II. By accepting this Agreement, the undersigned accepts responsibility for tuition for the full school year (or remainder thereof). Should a parent/guardian choose to withdraw the student, or if the student is dismissed for cause by Dothan Montessori School as defined below, paid tuition is non-refundable, any remaining portion of the school year is still owed. Should collection action become necessary, or should Dothan Montessori School engage legal representation to defend or enforce the provisions of this agreement, the undersigned agrees to pay all attorney's fees and any and all costs incurred by Dothan Montessori School. In cases where tuition is past due, Dothan Montessori School reserves the right to withhold records or transcripts.

III. Please confirm your payment plan selection here:

**Monthly auto debit withdrawal authorization, spread over 9 months (you are responsible for any bank set-up fees). First payment due Sept. 1, 2026, and thereafter on the first of each month with the last payment to be made May 1, 2027.**

**Pay tuition in full by August 1, 2026.** Checks should be dropped off at the school office or mailed to Dothan Montessori School, 474 S. Oates St. Dothan Al. 36301

IV. Dothan Montessori School reserves the right to suspend or dismiss any student from our program who proves to be a constant disruption to the learning environment, with no tuition refunded. Dothan Montessori School also reserves the right to dismiss any student whose enrollment forms have been misrepresented in any way.

| | |
|---|---|
| _____ | _____ |
| Please print parent/guardian name | Please print parent/guardian name |
| _____ | _____ |
| Parent/guardian signature | Parent/guardian signature |
| _____ | _____ |
| Date | Date |
| _____ | _____ |
| Email Address | Email Address |
| _____ | _____ |
| Phone Number | Phone Number |

Accepted by Dothan Montessori School _____ _____
Signature Date

## Form of Affidavit for Parent/Guardian

STATE OF ALABAMA
COUNTY OF HOUSTON

Before me, a notary public in and for said state and county, appeared _____
(Parent's Name)

and is known to me, after being duly sworn or affirmed, says as follows:

That the affiant is the parent or legal guardian of the minor child(ren) _____;
(Child or Children's Name/Names)

that the affiant has been notified by Heidi Churchill, a representative of Dothan Montessori School that said school has filed notice and is exempt under law from regulation by the Department of Human Resources.

_____
Parent / Legal Guardian Signature

Sworn, or affirmed to and subscribed before me this _____day of _____, 20_____.
(Day) (Month) (Year)

_____, Notary Public
(Name of Notary Public)

Expiration Date: _____

*Notary stamp/seal in this space:*

## Child's Medical Report

***(This form may be used for household members younger than 19 years of age)***

**Child's Name:** _____ **Date of Birth:** _____

**Name of Child's Parent or Guardian:** _____

**Address:** _____ **Telephone Number:** _____

**In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child two months to five years of age and for five year olds who are not enrolled in public or private school.**

**History of Allergies:** _____

_____

_____

**I examined this child on (date) _____. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below.**

_____

_____

_____

_____

Signature of Physician, Physician's Assistant, Certified Nurse Practitioner

_____

Date

Reminder: DMS is required to have an up-to-date blue immunization form on file for each student, before the first day of school.