



facebook: Jonesboro Montessori Academy
discoverjma@gmail.com
1607 Stone Street
Jonesboro, AR 72401
870-333-2066

Welcome to the JMA Family!

About our School

Jonesboro Montessori Academy is an educational environment focused on using the Montessori Method fused with public school requirements to ensure that children facilitate their own learning, while being prepared for Kindergarten. Each classroom has a unique environment that is conducive to discovering concepts that are necessary skills that will allow them to build a strong social and educational foundation. We foster the freedom within limits so that each child is able to explore in their own way and at their own pace within a controlled environment. We make sure that every child is loved, nurtured, and safe.

Swaddlers / Infants

Our Infant Program (and their parents) set the tone in our infant room. Each child is on their own schedule. We are as flexible as possible so that each child feels safe and comfortable. Our goal is, not only the best care for our infants, but to start socialization to allow the progression to the next level of learning. In our infant room, you will find teachers singing to children, introducing them to colors, different sounds, and showing them how to interact with their peers.

Waddlers / Toddlers

Our Waddler and Toddler Program starts the introduction of the Montessori Method in their learning environment. They transition out of cribs and sippy cups and begin napping on nap mats and using an appropriate cup for their age.

The Waddlers start a more structured schedule while the Toddler classroom is one environment that is separated by levels of learning. The younger Toddlers focus on learning basic concepts as: how to be a good citizen, staying within a learning area, maintaining an organized space and basic self-care skills.

The older Toddlers are preparing to transition into our Pre-school program. We start to focus more on independent lessons while learning to stay within a work area. We concentrate on potty-training and begin to learn letters, shapes, and colors to facilitate their transition. into our Pre-school program.

Pre-school / Pre-K

Our Pre-school / Pre-K program allows our children flexibility and independence to discover the learning environment within set limits. We believe in the Montessori Method fused with the public school requirements. We focus on ensuring that our students know their letters/letter sounds, numbers, shapes, colors, and how to be a good citizen along with good manners. In following the Montessori Method the students choose when and how to learn the different concepts through a well prepared environment while the teacher's role is to be the facilitator.



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2019 Calendar

- Wednesday, January 2** School starts
- Thursday, March 21 -
Friday, March 22** Closed for Spring Break
- Monday, May 27** Closed for Memorial Day
- Thursday, July 4** Closed for Independence Day
- Monday, September 2** Closed for Labor Day
- Wednesday, November 27-
Friday, November 29** Closed for Thanksgiving
- Monday, December 23 -
Tuesday, January 1, 2020** Closed for Winter Break / New Year's Day

What your child will need at JMA:

Every child will need:

- Enrollment Forms
- Crib sheet for nap mats (goes home on Fridays)
- Blanket (goes home on Fridays)
- Extra change of clothes
- Sunscreen

Swaddlers, Infants, Waddlers: Bottles (goes home daily), Pacifier, Diapers, Wipes, Baby food (if used)
 Formula/ Breast Milk

Toddlers: Pull-up/ diapers, wipes, nap buddy

PreS / PreK: Nap buddy

Normal tuition fees apply for Holiday/inclement weather closures



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Tuition Rates for 2018
Please Select a Program
(All programs are full time 5 days a week)

- ___ **Pre-K (4 years – 5 years):** \$430.00 monthly (\$100.00 weekly)
- ___ **Pre-School (3 years – 4 years):** \$500.00 monthly (\$115.00 weekly)
- ___ **Toddler (18 months- 36 months):** \$560.00 monthly (\$130.00 weekly)
- ___ **Waddler (12 months- 18 months):** \$605.00 monthly (\$140.00 weekly)
- ___ **Infant (6 months- 12 months):** \$650.00 monthly (\$150.00 weekly)
- ___ **Swaddler (6 weeks – 6 months):** \$650.00 monthly (\$150.00 weekly)

Hours: Monday – Friday 6:30am- 5:30pm

Enrollment Fee: \$120.00(non-refundable)

The enrollment fee is to hold your child’s / children’s position and tuition helps cover the essentials at JMA. It helps provide our school with the best teachers, lessons and supplies, 2 snacks each day, lunch, and nap mats.

***Monthly tuition will be drafted from your bank on the 25th of each month. If the 25th falls on a weekend or Holiday, tuition will be drafted out the Friday (or business day) before. Weekly tuition is due each Friday. If a Holiday falls on Friday and we are closed, tuition will be drafted the business day before. There is a 2 week notice required if you are leaving JMA to allow time to adjust for payment.**

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Child’s Name

DOB

Signature

Date



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Child's Personal Data Sheet

Date of Enrollment: _____ Date of Discharge: _____

Child's Name: _____ DOB: _____

Primary Caregiver: _____ Relationship to Child: _____

Home Address: _____ City, State, Zip: _____

Phone: _____ Work Phone: _____ email address: _____

Place of Employment: _____ Work Hours: _____

Secondary Caregiver: _____ Relationship to Child: _____

Home Address: _____ City, State, Zip: _____

Phone: _____ Work Phone: _____ email address: _____

Place of Employment: _____ Work Hours: _____

Emergency Contact Information

Person to call if parents cannot be reached: _____ Relation to child: _____

Phone: _____ Work Phone: _____

List all adults who are authorized to take the child from the center:

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

***If a parent is not allowed to take a child from the center, court documents must be provided**



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Medical Information

Child's Physician and Emergency Treatment Facility Phone Number

Address City, State, Zip

I, _____, mother / father / guardian **(circle one)** of
_____, **(child's name)** do hereby give my consent to Jonesboro Montessori
Academy, LLC, for said child to receive medical or surgical aid as may be deemed necessary and
expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when
the parents cannot be reached. Consent is also given for Jonesboro Montessori Academy, LLC, to
transport said child for emergency medical treatment if the parents cannot be reached.

Signature of parent or guardian Date

Witness Date

Pertinent Medical and Developmental Information

I have provided a copy of my child's Immunization Record: Yes___ No___

Disease History:

Measles___ Mumps___ German Measles___ Chicken Pox___ Whooping Cough ___ Tuberculosis___
Defected Heart___ Sun Sensitivity___ Fainting Spells___
Frequent Ear Infections___ Frequent Throat Infections___ Frequent Colds___
Seizures___ Diabetes___ Temper Tantrums___ Biting___

Allergies:_____ Medications:_____

Physical or emotional concerns the child might have:_____

Other conditions or comments:_____

Special Food Needs:_____

Siblings: Yes___ No___ Name(s) and age(s) of Siblings:_____

I, _____ parent/guardian **(circle one)** of _____

(name of child), understand that I may ask for a conference with caregiver(s) as needed.

Signature of parent or guardian Date



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Behavior Guidance Policy

DISCIPLINE SHALL BE INDIVIDUALIZED AND CONSISTENT FOR EACH CHILD; IT SHALL BE APPROPRIATE TO THE CHILD'S LEVEL OF UNDERSTANDING AND BE DIRECTED TOWARD TEACHING THE CHILD ACCEPTABLE BEHAVIOR AND SELF CONTROL

PHYSICAL PUNISHMENT SHALL NOT BE ADMINISTERED TO THE CHILDREN

THE LENGTH OF TIME THAT A CHILD IS PLACED IN TIME-OUT SHALL NOT EXCEED ONE MINUTE PER YEAR OF CHID'S AGE

The following methods of discipline shall be practiced:

1. Look for appropriate and reinforce the children with praise and encouragement
2. Remind the children on a daily basis of the rules by using clear positive statements
3. Attempt to ignore minor inappropriate behavior and concentrate on what the child is doing properly
4. Role-Model appropriate behavior
5. Redirection (steer child to other activity)
6. Use the Time-Out Method: Separation from group only when the child does not respond to verbal commands (1 minute per age of child for children age 2 years and older only)

Signature of parent or guardian

Date



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Permissions

Interviewing Children

I have been informed in writing upon enrollment of my child that children may be subject to interviews by licensing staff, child maltreatment investigator and/or law enforcement for the purpose of determining licensing compliance or for investigation purposes. (Child interviews do not require parental notice or consent). This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section: 201

Check One: Yes _____ **No** _____

Special Needs

I have been informed in writing that all child care facilities are required by IDEA to refer a child with any suspected delays or disabilities to the appropriate lead agency (as determined by the child's age). Children between the ages birth to 3 years old should contact the Division of Disabilities Services at 870-933-8060 and ask for Donna Parsons. Children ages 3 years to 6 years should contact the Arkansas Department of Education (check with your Child Care Licensing Specialist for the agency in your area). Child care facilities do not need parents' permission to make a referral to the appropriate agency. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section: 1400

Check One: Yes _____ **No** _____

Photograph/Video Permission

I give permission for my child to be photographed or video recorded. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section: 400

Check One: Yes _____ **No** _____

Photos/ Video Recordings Permission on Social Media/Websites

I give permission for photographs or video recordings of my child to be placed on social media or any other websites. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section: 400

Check One: Yes _____ **No** _____

Kindergarten Readiness Skills

I understand I will receive the Kindergarten Readiness Skill Calendar for my child. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section: 201 **Check One: Yes** _____ **No** _____ / **Email copy** _____ **Paper copy** _____

Permission to Apply Sunscreen

I give written permission for the use of suntan/sunscreen for my child as needed to prevent over exposure to the sun. Permission must be obtained yearly. This is in accordance with Minimum Licensing Requirements: DCCECE/Child Care Licensing Unit: Section: 1100

Check One: Yes _____ **No** _____

Handbook

I understand I will receive a copy of Jonesboro Montessori Academy's Parent Handbook.

Check One: Yes _____ **No** _____ / **Email copy** _____ **Paper copy** _____



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Policies & Procedures for Reporting of Child Abuse and/or Neglect

According to the Child Abuse Prevention and Treatment Act, child abuse and neglect is defined as the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen (18) by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby.

The staff and volunteers at Jonesboro Montessori Academy are required by law to report all suspected cases of child abuse and/or neglect. **All staff and volunteers are mandated reporters under the Child Abuse Law.** Suspected cases will then be reported to the Hotline (1-800-482-5964) and to the Child Care Licensing Unit. Also any suspected licensing violations will be reported to Child Care Licensing Unit.

Children may be subjected to interviews by licensing staff; child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigate purposes. (Child interviews do not require parental notice or consent.)

Signature

Date



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ACH Authorization Form

I (we) hereby authorize **JONESBORO MONTESSORI ACADEMY** to initiate a CHARGE entry to my (our) checking/savings account at the *Financial Institution* indicated below. This authority will remain in effect until JONESBORO MONTESSORI ACADEMY is notified by me (us) in writing to cancel it in such time as to afford JONESBORO MONTESSORI ACADEMY and CENTENNIAL BANK a reasonable opportunity to act on it. (A two-week notice is required if the child(ren) will no longer be attending Jonesboro Montessori Academy. A debit will still be collected for those two weeks whether or not your child(ren) attend those two last weeks.

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*Normal monthly tuition rates are due regardless of student absences or days that we are closed for holidays.

Name of Financial Institution Location (City, State)

Financial Institutions Routing/Transit Number: _____

(Look between symbols /: /: on your check.)

Checking Account Number: _____

Draft: Weekly____ **Monthly**____ **Bi-Weekly**____

Amount of Draft: \$_____

Signature **Date**

Name (Please Print)

Students Name



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