



# Ms Juana's Montessori Home School

A bilingual Early childhood (3-6 years old) Education

## Application for Enrollment 2017-2018

### Student Enrollment Procedures

- **Age:** 3 – 6 years (and toilet trained).
- **Application fee:** A one time \$50 non-refundable fee must accompany submission of this application.
- **Acceptance:** Following receipt of the application, a teacher/parent/child interview will be scheduled at the school at a mutually convenient time.
- **Deposit:** For new enrollments a \$200 deposit is due at the time of acceptance and will reserve a place for your child in the classroom. Returning students have a \$100 deposit. This deposit is non-refundable but may be applied towards the final payment.

<u>Tuition and Payment Plan</u>	<b>Deposit</b> (due upon acceptance. May be applied towards last payment)	<b>Days per Week</b>	<b>Monthly Payment</b> (installments due on the 1 <sup>st</sup> of each month. First payment July 1 <sup>st</sup> .)	
Option 1 (8:30am – 12:30pm)	\$300/\$100	3	\$550	3 half days per week
Option 2 (8:30am – 5:00pm)	\$300/\$100	3	\$700	3 full days per week
Option 3 (8:30am – 12:30pm)	\$300/\$100	5	\$650	5 half days per week
Option 4 (8:30am – 3:00pm)	\$300/\$100	5	\$900	Including Kindergarten
Option 5 (8:30am – 5:00pm)	\$300/\$100	5	\$1,150	Including aftercare
Occasional Care (12:30 – 5:00)			\$20/hour	

*Note: There is a 5% discount on the second child when two children are enrolled at the same time.*

### Payments

Payments are made monthly one month in advance. Payments are due on the first of each month beginning August 1<sup>st</sup>. A late fee of 5% of your child's tuition will be assessed after the 5th of each month. The deposit may be applied towards the final payment. An annual payment (1 payment) can be arranged if desired.

### Refunds and Adjustments

All children are enrolled for the full eleven-month school year. No allowances will be made due to illness, vacation or withdrawal. A written withdrawal notice is required thirty days in advance, in order to be released from further tuition obligations. If withdrawal is not received thirty days prior, you are responsible for tuition for the remainder of the month. If withdrawal notice is not received by March 1, you are responsible for tuition for the remainder of the school year. **The deposit is non-refundable.**

### Dismissal Policy

A child may be dismissed at the school's discretion upon a written notice for consistent aggressive or disruptive behavior, either physical or verbal. A child may also be asked to leave if the staff believes the child is not benefiting from our Montessori program. In this instance the deposit will be refunded and the tuition prorated according to the time a child was actually enrolled.

### Trial Period

The first six weeks are considered a trial period for the parents, student and staff. During that time, the contract may be terminated without any further obligation on the part of either the school or the parent. The tuition during this period is prorated for the time the child is actually in attendance. The deposit is not refundable unless the child is dismissed by the school.

**(Please complete other side)**



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## APPLICATION FOR ENROLLMENT

**Please check the program(s) desired:**

- Option 1 (8:30am – 12:30pm) 3 half days per week
- Option 2 (8:30am – 5:00pm) 3 full days per week
- Option 3 (8:30am – 12:30pm) 5 half days per week
- Option 4 (8:30am – 3:00pm) 5 days per week
- Option 5 (8:30am – 5:00pm) 5 days per week

We agree that our name, address and home phone will be listed in the Student Directory \_\_\_\_\_(initials)  
 I DO / DO NOT (circle one) give my consent that photos of my child involved in classroom activities can be taken for class/school use. I understand that if students are identified, only their first name will be used. \_\_\_\_\_(initials)

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Toilet Trained? Y N  
 Child lives with: \_\_\_\_\_  
 Languages spoken at home: \_\_\_\_\_  
 Name and ages of siblings: \_\_\_\_\_

General statement of the child's physical health (include allergies, etc): \_\_\_\_\_

Father	Mother
Name:	Name:
Age:	Age:
Employer:	Employer:
Occupation:	Occupation:
Business Address:	Business Address:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Email:	Email:

If parents are divorced or separated, to whom should all school correspondence be sent? \_\_\_\_\_

Is there a Custody Court Order agreement? \_\_\_\_\_ (A copy is required at enrollment)

From what source did you hear of the Ms Juana's Montessori Home School? \_\_\_\_\_

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

FOR OFFICE USE ONLY			
Application fee received: <u>\$50</u>	Date: _____	Deposit received: \$ _____	Date: _____
Date of Entrance: _____	Ck # _____	Final School Date: _____	Ck # _____
Identity Verification: DOB: _____		By: _____	Date: _____
Place of Birth: _____		Birth Certificate #: _____	Issued: _____