

Montessori Children | Young Minds of the Future

Enrollment & Tuition Agreement

I wish to enroll my child/children:

_____ (name) _____ (date of birth)

_____ (name) _____ (date of birth)

in Montessori Center _____ days a week, _____

(number) (days)

From _____ to _____. Hours _____.

(month) (month)

Tuition will be \$_____ per month, to be paid on the first school day of the month.

A deposit of \$_____ (a month's tuition) is required upon registration, plus a non-refundable registration fee of \$60.00. The deposit will be applied toward tuition for the last month of enrollment in the program. Two week notice is required when withdrawing your child earlier than stated above. In this event, the deposit will be applied to the last two weeks of enrollment. Without two week's notice, the deposit is forfeited. Cancellations for September enrollment will not be refunded.

Please be aware of the following:

1. There is a late charge of \$30.00 per week for tuition not paid on time. If not paid, late charges will be deducted from the deposit.
2. There will be a \$30.00 fee for returned checks.
3. Our budget is based on the number of children enrolled and tuition paid. Our expenses do not change if a child is absent, therefore there are no tuition reductions for vacations, illnesses, etc., and no makeup days for any reason.

I have read, understand and agree to the above stated policies regarding enrollment and tuition.

(signature of Parent or Guardian) (date) (phone number)

Address: _____

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Emergency & Consent Form

Child's Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Start Date: _____

Emergency Notify: Name, Address & Telephone (during hours of enrollment)

Mother: _____

Father: _____

Other 1: _____

Other 2: _____

In the event of an emergency during school hours, if neither parent nor guardian can be reached at the telephone numbers provided above, Officials of The Montessori Center may authorize, on my behalf, recommended medical or hospital care or treatment.

(Signature of Parent/Guardian)

(Date)

Father's Occupation: _____

Mother's Occupation: _____

How did you learn about our school?: _____

Will anyone other than parent be picking your child? (please list)

Occasionally: _____ Usually: _____

Comments: _____

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Additional Information Form

Name of child: _____ Date of birth: _____

Persons to contact in case of emergency other than parents during school hours (please list two):

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Phone number: _____ Phone number: _____

Please list the names and ages of other children in the family:

Are parents separated/divorced? _____ Does either parent travel on occasion? _____

Health History and Development

Had your child any problems as an infant? _____

Any accidents or hospitalization? _____

Age at walking: _____ Talking: _____

Has your child any allergies or medical problems we should be aware of? _____

Any physical limitations? _____

Is your child toilet trained? _____ If so, is he/she fully independent in the bathroom? _____

Does your child feed him/herself? _____

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The Child's Day Form

What is a typical day for your child? (waking time, food habits, play patterns, etc.)

What are your child's favorite toys when playing alone? _____

What kinds of things does your child do to help at home? _____

What articles of clothing is your child able to put on by himself/herself? _____

Does your child have playmates other than siblings? _____

Does anyone besides parent regularly care for your child during the day? _____

Has your child previously attended a pre-school? _____ Please describe the program: _____

Briefly describe your child's personality _____

Parent's Discipline & Philosophy

What type of discipline do you use? _____

How does your child usually respond? _____

Do you have problems with your child? (food, attention, etc.) _____

Do you have specific goals for your child? _____

Please list the religious holidays you observe. _____