

# Montessori Children | Young Minds of the Future

## Enrollment & Tuition Agreement

I wish to enroll my child/children:

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(name) (date of birth)

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(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 \$\_\_\_\_\_ (one 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 (June) in the program. In the event of early withdrawal the deposit is forfeited. Yearly tuition is broken down into 10 months.

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.
4. School usually opens the Monday after Labor Day to the second Friday in June.

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

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(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.

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(signature of Parent or 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. (please list two)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are parents separated or divorced? \_\_\_\_\_ Does either parent travel on occasion? \_\_\_\_\_

**Health History and Development**

Had your child any problems as an infant? (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

## The Child's Day Form

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

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

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

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

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Does your child have playmates other than siblings? \_\_\_\_\_

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

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

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# Montessori Children | Young Minds of the Future

Briefly describe your child's personality \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parents 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: \_\_\_\_\_

\_\_\_\_\_