

## EMERGENCY INFORMATION

child's full name	birthdate		
father's name		daytime phone	cel phone
mother's name		daytime phone	cel phone
person to be contacted if parents can not be reached		daytime phone	cel phone
family physician		office phone	other phone

Please list any food or medicine allergies.

I understand that if there is an emergency, the school will call an ambulance (911) to transport my child to the nearest hospital.

signature of parent or guardian

date

## MEDIA PERMISSION

I hereby give my permission for \_\_\_\_\_ to be photographed, and for the images to be used by the school for promotional purposes.

signature of parent or guardian

date

## ACCEPTANCE OF POLICIES

Montessori Fountainhead School does not use corporal punishment at any time. When children do not cooperate, they are separated from their classmates, and allowed to be occupied at a table or on the floor. When children are ready to apologize and promise not to repeat whatever offensive behavior they exhibited, they may rejoin the other children. *DSS Regulation No: 114-503 F(3)(f) / DSS Regulation No: 114-506 B(2)*

I hereby acknowledge receipt of the General Information & Policies. I understand that it is my responsibility to read and know the content. By signing this form, I am stating that I have read and understood the policies and information.

signature of parent or guardian

date

**ELEMENTARY STUDENT REGISTRATION FORM**

child's full name birthdate number of siblings desired date of enrollment

home address city zip code

school currently attending dates of enrollment

school previously attended (if applicable) dates of enrollment

mother's full name birthdate occupation

mother's daytime phone mother's cel phone mother's email address

father's full name birthdate occupation

father's daytime phone father's cel phone father's email address

Medical History: Please list any chronic conditions and medications, as well as any illnesses or hospitalizations your child has experienced.

Has your child ever had psychological testing? If so, please list any conditions diagnosed. date of testing

What do you consider to be your child's predominant characteristics? Please list any phobias or strong aversions.

What is your child's usual mode of misbehavior? What forms of correction do you use?

The Montessori Fountainhead School reserves the right to terminate the enrollment of any child if, in the school's sole judgment and discretion, it would be in the best interests of the child and/or the school to do so.

signature of parent or guardian date

## ELEMENTARY CLASS TUITION & FEES 2020 – 2021

### REGISTRATION/RE-REGISTRATION FEE

This is an annual, non-refundable fee, per child, due by February 1.

**\$250**

### ACTIVITY & PROGRAM FEE

This is an annual, non-refundable fee to partially defray the cost of enrichment programs (music, etc.), as well as education supplies and materials. Due by July 1.

**\$300 for one child  
or  
\$500 per family**

### PROGRAM TUITION

Tuition payments may be made annually, semi-annually, or monthly. There is a 5% discount if the tuition fee for the entire school year is made in a single payment by June 1.

Please note: the school year is 10 months long.

**\$800 month  
or  
\$8,000 year**

**Monthly payments are due by the first school day of each month, August – May.**

### OTHER CHARGES

Late payment of monthly tuition (after the 10th of the month).

**\$35**

Each returned check.

**\$25**

*No refunds will be made for days missed due to illness, vacation, or other reasons.*