

## 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

## PRIMARY CLASS TUITION & FEES 2024 – 2025

### PAYMENT METHODS

Please use the secure online payment portal to set up monthly automatic tuition payments starting on July 1. Automatic payments will end after April 1st.

If you prefer to pay in full for the entire year, that payment can be made by check, payable to Montessori Fountainhead School, or by venmo to @Nana-Fox.

### REGISTRATION/RE-REGISTRATION FEE

This is an annual, non-refundable fee, per child, due at the time of acceptance.

**\$350**

### PROGRAM TUITION

Tuition payments may be made 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.

There is a 10% discount for the second child in a family.

Please note: the school year is 10 months long.

**Half-day is 8:00 a.m. – 11:45 a.m. Full-day is 8:00 a.m. – 3:00 p.m.**

**\$900 mo/\$8,550 yr\***  
**(full-day)**

**or**

**\$800 mo/\$7,600 yr\***  
**(half-day)**

### OTHER CHARGES

Late payment of monthly tuition (after the 5th of the month).

**\$35**

Each returned check.

**\$25**

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

*One month's notice is required if parents plan to withdraw their child from school.*

*\*5% discount only if  
paid in full by June 1*

## PRIMARY STUDENT RE-REGISTRATION FORM

child's full name

home address

city

zip code

mother's full name

mother's daytime phone

mother's cel phone

mother's email address

father's full name

father's daytime phone

father's cel phone

father's email address

The non-refundable registration fee must accompany this form.

signature of parent or guardian

date