

PRIMARY CLASS REGISTRATION FORM

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

home phone 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 cell phone mother's email address

father's full name birthdate occupation

father's daytime phone father's cell 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

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.

Do we have permission to call an ambulance for your child in an emergency? (Write "Yes" or "No")

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

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 2017 – 2018

REGISTRATION/RE-REGISTRATION FEE

This is an annual, non-refundable fee, per child, due by February 1, 2017.

\$250

ADMINISTRATIVE FEE

This is an annual, non-refundable fee to secure your place in the school.

Payment of this fee is due by May 1, 2017.

**\$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, 2017.

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

Please note: the school year is 10 months long.

Half-day is 8:30 a.m. – 11:45 a.m. Full-day is 8:30 a.m. – 2:45 p.m.

Monthly payments are due by the first of the month, July – April.

**\$750 mo/\$7,500 yr
(full-day)
or
\$650 mo/\$6,500 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.