



THE MONTESSORI CENTER
ALL DAY MONTESSORI IN A CHILDREN'S HOUSE

1236 LINCOLN WAY EAST • SOUTH BEND, INDIANA 46601 • 574-289-1222 • MSURGES@EARTHLINK.NET

APPLICATION FOR ENROLLMENT

PLEASE SELECT YOUR PROGRAM PREFERENCE

2017 / 2018 SCHOOL YEAR (SEPTEMBER – MAY) • ENROLLMENT FEE: \$100
EXTENDED DAY 8:30 A.M. – 3:30 P.M.

5 Days _____ Before Care _____ Arrival Time _____
 4 Days _____ (M-Th only) After Care _____ Departure Time _____
 3 Days M,T,W _____ 3 Days T,W, Th _____

2017 / 2018 SCHOOL YEAR PLUS 2017 SUMMER CAMP • ENROLLMENT FEE: \$175
EXTENDED DAY 8:30 A.M. – 3:30 P.M.

5 Days _____ Before Care _____ Arrival Time _____
 4 Days _____ (M-Th) After Care _____ Departure Time _____
 3 Days M,T,W _____ 3 Days T,W, Th _____

Application is made for the admission of _____

as a student at The Montessori Center. Name commonly used _____

Birth Date _____ Sex _____ Age September 1st Years _____ Months _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____
 Address _____

 City _____ State _____ Zip _____
 Wk. Phone _____
 Cell Phone _____
 Email _____
 Occupation _____
 Employer _____

Father's Name _____
 Address _____

 City _____ State _____ Zip _____
 Wk. Phone _____
 Cell Phone _____
 Email _____
 Occupation _____
 Employer _____

FAMILY INFORMATION

Siblings: Name and Birth Date _____

Who is currently living with your child? _____

List all persons with permission to pick up your child _____

EMERGENCY INFORMATION

In case of emergency or illness whom do we contact if unable to contact a parent? Name and Phone Number

1) _____

2) _____

In case of emergency may we take your child to a hospital? _____ Which one? _____

Physician _____ Phone _____

HEALTH INFORMATION

Does your child have any known allergies? Please list _____

Does your child have a special physical, emotional, or developmental challenge? Please explain _____

Has your child had a serious illness or injury in the last year? Please explain _____

Is your child under a doctor's care? Are medications currently prescribed? Please explain _____

CHILD INFORMATION

Describe your child's toilet habits? Fully trained, few accidents Partially trained, with accidents

In progress Please explain details _____

Does your child nap? If so, how long? _____

Has your child had a previous pre-school or day care experience? What age and where? _____

Please check off any areas of concern:

Motor skills ____

Speech/articulation ____

Behavior ____

Health/physical limitations ____

Listening comprehension ____

Visual ____

Social/emotion adjustment ____

Attention/concentration ____

Language skills ____

Comments on areas of concern _____

Is there anything you would like to tell us about your child? Use the back if necessary _____



THE MONTESSORI CENTER

2017/2018 ENROLLMENT AGREEMENTS AND TUITION CONTRACT

This is to confirm my intention to enroll my child, _____ at The Montessori Center for the 2017/ 2018 program selected below.

2017/2018 SCHOOL YEAR PROGRAM		
8:30 AM - 3:30 PM		
PLEASE CHECK		
NUMBER OF DAYS	YEARLY TUITION	10 EQUAL PAYMENTS
___ 5 Days	\$6320.00	\$632.00
___ 4 Days (M-Th)	\$5750.00	\$575.00
___ 3 Days	\$5080.00	\$508.00
EARLY ARRIVAL		
7:30 A.M. - 8:30 A.M.		
___ 5 Days	\$620.00	\$62.00
___ 4 Days	\$490.00	\$49.00
___ 3 Days	\$370.00	\$37.00
LATE DEPARTURE		
PER HOUR 3:30 P.M. - 5:30 P.M.		
___ 5 Days	\$620.00	\$62.00
___ 4 Days	\$490.00	\$49.00
___ 3 Days	\$370.00	\$37.00
ARRIVAL TIME _____	DEPARTURE TIME _____	
TOTAL YEARLY TUITION _____		
TOTAL PER PAYMENT _____		
THE \$100.00 YEARLY ENROLLMENT FEE NEEDS TO ACCOMPANY THIS APPLICATION.		

2017/2018 SCHOOL YEAR PLUS 2017 SUMMER CAMP PROGRAM		
8:30 AM - 3:30 PM		
PLEASE CHECK		
NUMBER OF DAYS	YEARLY TUITION	12 EQUAL PAYMENTS
___ 5 Days	\$7848.00	\$654.00
___ 4 Days (M-Th)	\$7164.00	\$597.00
___ 3 Days	\$6348.00	\$529.00
EARLY ARRIVAL		
7:30 A.M. - 8:30 A.M.		
___ 5 Days	\$768.00	\$64.00
___ 4 Days	\$612.00	\$51.00
___ 3 Days	\$468.00	\$39.00
LATE DEPARTURE		
PER HOUR 3:30 P.M. - 5:30 P.M.		
___ 5 Days	\$768.00	\$64.00
___ 4 Days	\$612.00	\$51.00
___ 3 Days	\$468.00	\$39.00
ARRIVAL TIME _____	DEPARTURE TIME _____	
TOTAL YEARLY TUITION _____		
TOTAL PER PAYMENT _____		
THE \$175.00 YEARLY ENROLLMENT FEE NEEDS TO ACCOMPANY THIS APPLICATION.		

AGREEMENTS WITH THE MONTESSORI CENTER

- In accepting this agreement I accept responsibility for the entire yearly tuition of the above selected program. Reduction in tuition is not made for absence, withdrawal, illness or vacations. _____ initial
- I give my permission to The Montessori Center to secure emergency medical and/or emergency surgical treatment for my child. _____ initial
- I give permission for my child's picture to be used for Facebook, TMC website, mailings, etc. _____ initial
- I release the school from any and all liability from any claim or cause of action of any nature arising from any accidents or damages, directly or indirectly relating to any action or failure to act by the school or any of its representatives. I release the school from any and all liability arising from any alleged negligence of the school to the fullest extent permitted by law. However, this release shall not apply to any claims or causes of action for willful or intentional misconduct. _____ Initial
- I understand that The Montessori Center administration reserves the right to terminate this contract if it is not in the best interest of the child or the class to continue enrollment. Tuition obligations will cease at this point. _____ initial

MOTHER OR GUARDIAN'S SIGNATURE _____ **DATE** _____

FATHER OR GUARDIAN'S SIGNATURE _____ **DATE** _____