**Children’s Day Montessori** School year: **2024/25 ENROLL**

Application for Admission Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Student ‘s Last Name First Name Middle Name Date of Birth Allergies  yes  no

1. Program(s) Requested:  A.M. Additional Care (7:00 AM—7:30) (circle days) M T W Th F

4.5 hour Program  Morning Program (7:30 AM--12:00 PM) (circle days) M T W Th F

7 hour Program  School Day Program (7:30 AM—3:00 PM) (circle days) M T W Th F

10 hour Program  All Day Program (7:30 AM --5:30 PM) (circle days) M T W Th F

P.M. Additional Care (5:30—6:00 PM) (circle days) M T W Th F

2. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian Employer Work Phone Cell Phone Email

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian Employer Work Phone Cell Phone Email

5. Child lives with: (check one)  Mother  Father  Both  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. In case of emergency and parents cannot be contacted, the school may call:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Name of all persons authorized to remove child from school. (If needed, please attach sheet for additional names.)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Name/s of persons NOT authorized to have contact with your child that staff should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of serious illness and I/we cannot be contacted, I/we hereby authorize the school to contact:**

9.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of doctor) (Office address) (Phone)

10.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of dentist) (Office address) (Phone)

**The school may call the doctor/dentist and/or ambulance if necessary at my expense. If above named doctors are not available, another licensed physician may treat**

**my child in an emergency. If first aid must be administered before a doctor is present, I authorize the school staff to administer first aid to my child.**

11. May staff apply sunscreen to your child when appropriate?  Yes  No

12. May staff diffuse essential oils in the classroom your child is in?  Yes  No

13. May we use photos of your child on social media and advertising?  Yes  No

14. May we use photos of your child to promote the school via our website or on facebook (no names will be used)?  Yes  No

**How did you hear about Children’s Day Montessori?**  Internet Search  Newspaper Ad  Word of Mouth  Other \_\_\_\_\_\_\_\_\_\_\_

**My child has the following allergies or special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|  | **2024/25 Tuition Rates** |
| **4.5 Hour Half Day Program**  **(7:30 am - 12:00 )** |  |
| **3 days/week** | **$670** |
| **4 days/week** | **$750** |
| **5 days/week** | **$850** |
|  |  |
| **7 Hour School Day Program (7:30 – 3:00)** |  |
| **3 days/week** | **$750** |
| **4 days/week** | **$890** |
| **5 days/week** | **$1015** |
|  |  |
| **10 Hour Full Day Program (7:30 – 5:30)** |  |
| **3 days/week** | **$855** |
| **4 days/week** | **$1000** |
| **5 days/week** | **$1120** |
|  |  |
| **COMMITMENT** | * **½ First Month’s tuition due at enrollment** * **Remaining first month’s tuition due by 8/15/24** |

Additional Child Care Available 7:00—7:30 AM & 5:30—6:00 PM

All Non-Contract Time (NCT) is charged at a rate of $4.00 per half hour.

NCT is billed monthly with payment due with the next tuition, or final, payment.

Non-Contract Time must be arranged in advance except in cases of emergency.

**Extra Care is available when school is not in session (hourly rate of $8) excluding Federal Holidays when CDM is closed.**

**10% Sibling Tuition Discount**

**One Time Registration Fee $100.00 –Waived for EARLY ENROLLMENT APPLICANTS**

**Weekly Pizza and Beverage (optional) -$5.00 per week**

**The fee for delivered-snack may be paid in three installments (August, September and October) and is**

**based upon student’s enrollment (Class-time only students = $84.00 / year All-day students = $114.00 / year).**

**I have read and agree to the school’s tuition policies.** All enrollments require ½ first month’s tuition (non-refundable). The balance of the first month’s tuition is due by August 15,2024. Subsequent tuition payments will be due on the 15th of the each month for the following month’s attendance. No tuition refund for holidays, illness, or vacation. I understand that some months will have more school days than others; but the fee remains the same, as tuition is calculated by number of school-year days divided in nine equal payments.

**I understand that I must pay any balance owed CDM and pay tuition for four (4) weeks following written withdrawal notification, regardless of whether my child attends**. The school may terminate my child’s enrollment if they determine that the program is not a suitable match for my child. If the school finds it necessary to terminate my child’s enrollment for any reason, I am not responsible for any tuition beyond the day of termination.

**The undersigned agree that they are both jointly and separately responsible for tuition and fees.**

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

Parent / Guardian Signature Date Parent / Guardian Signature Date

**Please Note:** In the interest of security, we ask that you adhere to CDM’s checking in and out procedures when dropping off and picking up your child. Entry Cards/Codes will be assigned to each of you in order to access our security system located in the entryway. Each parent/guardian is assigned his/her own unique entry card/code. If you have a problem entering, contact the staff by ringing the buzzer to alert someone in the office or ring the doorbell, when someone is not in the office. If your child will be dropped off or picked up by someone else on a regular basis, contact the office for instructions. You must notify the office whenever someone else is dropping off or picking up your child. A written note or email is required in advance of CDM’s releasing your child to another party other than parents/guardians. Staff will request photo identification from the person you designate to pick up your child. **Please remember that these procedures are for the safety of the children.**