



# Application 2020 - 2021

## Child's Enrollment Form

### Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Reachable Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Reachable Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

### **Additional Information**

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/Special Diets? \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child ? If yes, please attach \_\_\_\_\_

Special limitations or concerns ? \_\_\_\_\_

Brothers/Sisters Names: \_\_\_\_\_ Ages: \_\_\_\_\_

### **Previous Child Care Provider**

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_ Provider Phone Number: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's previous provider.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

### **ENROLLMENT FEES**

New applicants applying must include the appropriate Application Fee listed below.  
Returning applicants must include the appropriate Application Fee and Enrollment Fee listed below.

You will receive notification of acceptance after your application form has been reviewed. The Enrollment Fee is considered the first installment towards tuition. **The \$65.00 Application Fee is not refundable.**

**ENROLLMENT FEE      APPLICATION (non refundable)**

Preschool& Kindergarten/Full Time	<b>\$ 1500.00</b>	\$65.00
Elementary	<b>\$ 1500.00</b>	\$65.00
Summer Program		\$50.00

**TUITION SCHEDULE**

<u>SESSIONS</u>	<u>TIME</u>	<u>TUITION</u>	<u>AGES</u>
Montessori School, September - June			
After School Program, September - June			
Summer Program, June - August			
Montessori School/Full Time	8:30 - 3:30	<b>\$ 15,000.00</b>	2.9 - 6
Elementary	8:00 - 3:00	<b>\$ 15,000.00</b>	6 +
After School Care, September - June			
A.) Children's House	3:30 - 4:30	<b>\$ 3,500.00</b>	
B.) Children's House	3:30 - 5:00	<b>\$ 3,900.00</b>	
C.) Children's House	3:30 - 5:30	<b>\$ 4,500.00</b>	
D.) Children's House	3:30 - 6:00	<b>\$ 5,400.00</b>	
E.) Elementary	3:00 - 4:30	<b>\$ 3,600.00</b>	
F.) Elementary	3:00 - 5:00	<b>\$ 4,100.00</b>	
G.) Elementary	3:00 - 5:30	<b>\$ 4,600.00</b>	
H.) Elementary	3:00 - 6:00	<b>\$ 5,500.00</b>	
Summer Program, June - August	8:30 - 5:30	<b>\$ 375.00 per week</b>	2.9 -6+
13 Childcare Days ( listed on calendar )	8:30 - 5:30	<b>\$ 95.00 per day or \$ 1,200.00 annual</b>	

***There is a 10% Sibling Discount for the second child.***

**APPLICATION AGREEMENT**

Once the student has been accepted for enrollment at Pincushion Hill Montessori School, ("PHMS") for the 2020 - 2021 school year, the student's parents or guardians, in consideration for PHMS's enrolling and providing the Student with educational services agree as follows:

The Parent agrees that all educational considerations are subject solely to the discretion of the Directors of the Pincushion Hill Montessori School. Parent agrees and acknowledges that (s)he is responsible for the tuition and all fees incidental to Student's education at PHMS and agrees to pay the tuition and fees in full.

**SCHOOL PROGRAMS AND POLICIES**

By signing this Contract, Parent agrees that all educational considerations are subject to the sole discretion of the Directors of the PHMS, any modifications made to those programs by PHMS, as well as PHMS's rules and regulations as set forth by PHMS, Parent and Student newsletters and handouts, any other Publications which PHMS makes and distributes to Parent and to abide by all of those rules and regulations.

### **OTHER FORMS**

Parent must sign any forms which PHMS may send to a Parent that are reasonable and necessary for a Student to fully participate in PHMS's educational programs and activities. All forms are due by the date stipulated on the school calendar.

*All students must be up to date with health exams & immunizations before the beginning of the 2020 - 2021 school year.*

### **DEPOSIT AND CANCELLATION POLICY**

On signing this Contract, Parent has paid PHMS the appropriate Enrollment Fee for the school year. In the event of cancellation, the reduction in the tuition obligation will be phased out according to the following schedule (in the event of dismissal, the following schedule also applies):

Cancellations made prior to June 1, 2020 - \$800.00 Charge.

**I understand and agree that the School has fixed and continuing costs that require assured annual income. I also accept that as of June 1, 2020, there will be no refunds and the entire amount of the tuition for the school year is due and payable. Written notice of withdrawal must be received by the School postmarked no later than May 31, 2020, in order to relieve me of financial obligation beyond the nonrefundable deposit of \$65.00 and \$800.00 Charge.**

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Parent Signature

Note: PHMS reserves the right to refuse to accept a child for the second semester commencing January 2020, unless tuition is paid up-to-date !

### **PAYMENT PLAN OPTIONS**

Options I and II offer a tuition credit as an incentive to choose them, which will be deducted directly from your Enrollment Fee as follows:

<u>OPTIONS</u>	<u>DISCOUNT</u>	<u>FEES</u>
OPTION I: Payment in full (Prior to March 1, 2020)	<b>\$100.00</b>	<b>\$13,400.00</b> one time
OPTION II: Payment in two equal installments payment (First payment March 1, 2020; Second is August 1, 2020)	<b>\$50.00</b>	<b>\$6725.00</b> per

MONTHLY OPTION: Payment in eleven (11) equal installments on or before the first day of each month commencing on the first month after enrollment. **Easy Pay Option is not available if you register your child after July 1, 2020.**

\$1228.00 per month

**There is penalty of \$50.00 if payment is received after 5 business days of due date.**

NOTE: If Option I and Option II payment plans are not adhered to, the school has the right to rescind the Credit and charge late fees as outlined for Monthly Option.

Please choose Payment Plan Option:

OPTION I \_\_\_\_\_ OPTION II \_\_\_\_\_ MONTHLY OPTION \_\_\_\_\_

Enclosed is the appropriate Enrollment Fee of (see Page 2): \$ \_\_\_\_\_

Please make checks payable to: **Pincushion Hill Montessori School** ( returned check fee is \$50.00 )

**Please fill out, sign, and return all pages of this contract with the appropriate Enrollment Fee for your child's admission to Pincushion Hill Montessori School. Copies will be returned to you upon acceptance.**

I/We, \_\_\_\_\_ custodial parent(s) or guardian(s), in consideration of the acceptance of \_\_\_\_\_, as a student, hereby agree to comply with the terms stated above.

Signatures of persons contractually responsible:

\_\_\_\_\_  
Parent or Guardian's Name (Sign) \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Name (Sign) \_\_\_\_\_  
Date

I give my consent to list my name, address and phone in the school directory.

\_\_\_\_\_  
Parent or Guardian's Name (Sign)

I agree to allow photos of, and/or creative materials produced by my child to be used in Pincushion promotional materials.

\_\_\_\_\_  
Parent or Guardian's Name (Sign)

The Pincushion Hill Montessori School does not discriminate in providing services to children and their families on the basis of race, religion, cultural heritage, political beliefs or marital status.

In the event that space is unavailable in the session you chose, you will be placed on a waiting list.

FOR OFFICE USE ONLY

Application Received ( Date ): \_\_\_\_\_

Application / Registration Fee Received ( Amount ): \_\_\_\_\_