

Basilica of Saint Mary Montessori Academy

Application Form

Date _____

Child's Name: _____ Girl _____ Boy _____
Last First Middle

Date of Birth: _____ Home Phone: _____ Nickname _____

Student Address: _____
Street City State Zip code

Primary Language Spoken at Home: _____

Father, Stepfather, or Male Guardian (circle):	Mother, Stepmother, or Female Guardian (circle):
Full Name _____	Full Name _____
Home Address _____	Home Address _____
Occupation/ Title _____	Occupation/ Title _____
Home Number _____	Home Number _____
Cell Number _____	Cell Number _____
Email Address _____	E-Mail Address _____
Child lives with Mother _____	Father _____ Other _____
Parents: Married _____	Divorced _____ Separated _____
In the case of separated or divorced parents where there are legal restrictions on the release of child to either parent, court documentation stating such restrictions must be on file in the school office.	

List all names of who is allowed to pick up your child:

Name _____ Relationship to child _____ Telephone _____
Name _____ Relationship to child _____ Telephone _____
Name _____ Relationship to child _____ Telephone _____

Emergency Contact other than parents:

Name _____ Relationship to child _____ Telephone _____
Name _____ Relationship to child _____ Telephone _____

Preferred Hospital for Emergency Treatment: _____

I give permission to Basilica of Saint Mary Montessori Academy, licensed by the Department of Human Services, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Previous school(s) attended, with dates of attendance.

Has your child ever experienced discipline challenges (including suspension or expulsion) in an educational setting?

Yes _____ No _____ If yes, explain _____

How did you first hear about Basilica of Saint Mary Montessori Academy?

Does your child have any allergies, special needs, or is there other important information we should be aware of?

I agree to enroll my child at BOSMMA in the following program for the academic year: September 3, 2019 to June 12, 2020:

___ **TODDLER (12 months - 3 years old)** (a minimum of 2 days is required)

___ Full day (8:45-3:30)
___ Extended care (7:00-6:00)
___ M ___ T ___ W ___ R ___ F

___ Half day (8:45-11:45)
___ M ___ T ___ W ___ R ___ F

___ **MONTESSORI (3-6 years old)**

___ 5 Full-day (8:45-3:30)
___ Extended care (7:00-6:00)

___ 5 Half day (8:45-11:45)

TUITION PAYMENT PLAN OPTIONS

Option “A”

Payment in full due by July 1st, of current year, includes 3% discount.

Option “B”

Two-semester payment: Tuition to be paid on July 1st and December 1st, in two equal payments.

Option “C”

Four Payments: Tuition to be paid in 4 equal payments by July 1st, September 1st, December 1st. and February 1st.

I also agree that the following fees may apply:

Enrollment Fee:

- An annual registration fee of \$120/ per child not to exceed \$200 per family, is required for all children with this Tuition and Enrollment Contract to hold your child's place for the academic year. This fee is non-refundable.

Early Withdrawal Policy:

- Early withdrawal during the academic year constitutes a breach of this Tuition and Enrollment Contract. A two-week written notice of withdrawal must be given. Tuition is still owed for those two weeks and will be pro-rated based on your tuition rate. In addition, a penalty of \$350.00 will be charged. This applies to all students.

Late Pickup Charges:

- If your child is enrolled for the half day or academic day programs, please pick up your child at the scheduled time to avoid late charges to your account. There is an hourly rate of \$7/hour if your child stays beyond their scheduled time. This should be scheduled ahead of time for staffing purposes.

Extended Absence:

- Tuition is not subject to adjustment because of illness, vacation/travel or extended absence, unless over two weeks. If the absence is over two weeks, the first two weeks' tuition is still due. Beginning on the third week and each week following, you will be charged half the tuition for that period. This guarantees the child's place upon return.

Past Due Charges and Fees:

- A late fee of \$25.00 will be added to your account for past due payments. There will be a \$ 35.00 fee for any checks that are returned to us as NSF from your bank. Any change in your child's schedule must be requested in written form and will incur a \$35.00 administrative charge. This fee will be waived if the change is an increase in hours and tuition.

I/we, the undersigned, have read and understood the terms and condition of this agreement, for the enrollment of student(s) for the 2018– 2019 School year. I/we have read the Basilica of Saint Mary Montessori Academy Parent/Student Handbook and agree to abide by this agreement, the policies of BOSMMA and to fulfill the total financial obligation for payment of tuition as set forth in this agreement.

Signature of Parent/Legal Guardian/Other

Date

Child's Name _____

RELEASES AND STATEMENTS OF AGREEMENT

I agree to the following policies:

MEDICAL RELEASE

I hereby declare that I am the parent or legal guardian of the above-named child. I hereby release and discharge Basilica of Saint Mary Montessori Academy, its agents, employees, and officers, from all claims, demands, actions or judgments which the undersigned ever had, now has or may have against the school, its successors or assigned, for all personal injuries or illness, which the child named above may suffer or incur as a result of the actions of BOSMMA or in procuring medical treatment.

I certify that the child named above is in good health and free from any communicable disease or illness.

ILLNESS

To protect all children at BOSMMA, your child will not be accepted at the center if he/she has any of the following symptoms: a fever, a rash or eye infection that has not been diagnosed, or any diarrhea or vomiting. Children must be fever-free and vomit-free for 24 hours before returning to school. If your child develops any of the above symptoms while in the center, he/she will be isolated from the other children, parents will be contacted by phone, and the child must be picked up within one hour of that phone call.

MISSING ITEMS

Basilica of Saint Mary Montessori Academy will not be responsible for damaged or missing personal possessions.

LUNCH

I agree to provide a lunch for my child on days when he/she will be at school during lunch time.

Lunch boxes and drinks **MUST** be labeled with your child's name every day that your child is at BOSMMA. Toddlers: Food and drinks must be labeled with name. Parents are required to provide all other supplies not limited to a nap supplies, extra clothes and socks, diapers, wipes and any other supplies their child may need while in care.

MEDIA RELEASE

I give permission for the above-named child's name, photograph, videos and recording to be used for school-related public media on the school website and Social Media (Facebook). I understand that it is my responsibility to notify BOSMMA, in writing, if I do not wish to have my child photographed.

Signature of Parent/Legal Guardian/Other

Date

For Office Use Only:

Date Received: _____

Emergency Contact Information: Yes ___ No ___

Immunizations and Health Record: Yes ___ No ___ Parent Handbook: Yes ___ No ___