



MDS USE ONLY: Rec'd _____ Campus _____ Class _____

APPLICATION FOR PRIVATE STUDENT ADMISSION 2011-2012
Please print!

EXPECTED START DATE: _____

PROGRAMS NEEDED:
____Primary Half Day (8:30-11:30) ____Primary Full Day(8:30-2:45) ____Primary Extended Day(8:00-4:30) ____Primary All Day(7:00-6:00)

Place of Birth: City _____	State _____	Country _____
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RETURNING STUDENT? ____Yes ____No IF YES, PREVIOUS CAMPUS/TEACHER: _____

CHILD'S FULL NAME: _____ BIRTHDATE: _____ __M __F

ADDRESS: _____ CITY/ZIP: _____

PHONE: _____ LEGAL LAST NAME (if different from above): _____

FIRST LANGUAGE: _____ HOME LANGUAGE: _____ CHILD'S LANGUAGE OF CHOICE: _____

ETHNICITY (*required by law - choose one*): ____White ____Black ____American Indian ____Asian ____Hispanic

MOTHER/GUARDIAN'S NAME: _____

ADDRESS: _____ CITY/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL/PAGER NUMBER: _____

EMPLOYER: _____ OCCUPATION: _____

E-MAIL ADDRESS: _____ RELATION TO CHILD: _____

FATHER/GUARDIAN'S NAME: _____

ADDRESS: _____ CITY/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL/PAGE NUMBER: _____

EMPLOYER: _____ OCCUPATION: _____

E-MAIL ADDRESS: _____ RELATION TO CHILD: _____

CHILD LIVES PRIMARILY WITH (*please mark all that apply*): ____Mother ____Father ____Step-Parent (name: _____)
____Grandparent (_____) ____Foster family (_____) ____Other (_____)

IF DIVORCED, DO YOU HAVE JOINT LEGAL CUSTODY? ____Yes ____No IF NO, DO YOU HAVE CUSTODY DOCUMENTS? ____Yes ____No
(You must provide copy of official documents stating custody arrangement.)

PLEASE DESCRIBE VISITATION ARRANGEMENTS:

NAMES AND AGES OF SIBLINGS: _____

PLEASE DESCRIBE ANY SPECIAL FAMILY NEEDS, CONDITIONS OR CIRCUMSTANCES _____

HAS YOUR CHILD EVER BEEN TESTED FOR SPECIAL SERVICES? ___Yes ___No If yes, please describe: _____

POTTY TRAINING: Fully Trained? ___Yes ___No Comments: _____

AGE FIRST ATTENDED CHILD CARE/PRESCHOOL: _____ DOES YOUR CHILD NAP? ___Daily ___Occasionally ___Never

HOW DID YOU HEAR ABOUT MDS? _____ WHY DID YOU CHOOSE A MONTESSORI SCHOOL? _____

DO YOU GIVE PERMISSION FOR YOUR NAME AND PHONE NUMBER TO BE PUBLISHED IN THE SCHOOL ROSTER? ___YES ___NO

DO YOU WISH TO ALLOW YOUR TELEPHONE AUTHORIZATION FOR RELEASE OF YOUR CHILD TO THE PERSON(S) NAMED ON THE EMERGENCY CARD? ___ YES ___NO IF YES, DATE: _____ SIGNATURE: _____

PLEASE CHECK AS APPLICABLE: I GIVE PERMISSION FOR MY CHILD TO HAVE HIS/HER PICTURE TAKEN AND USED ON OUR WEB SITES _____ SCHOOL YEARBOOK _____ SCHOOL NEWSLETTER _____ PUBLIC RELATIONS/PUBLICITY MATERIALS _____.

FOR AREAS ABOVE CHECKED YES, DATE: _____ SIGNATURE: _____

I understand that in the event of an emergency my child will be taken to the nearest hospital or emergency center for treatment. The staff will attempt to contact me prior to arranging transportation, if circumstances permit.

Signature _____ Date _____

Printed Name _____

I wish to apply for my child's admission to Montessori Day Schools. The information provided is correct and true to the best of my knowledge. **A \$50 non-refundable application fee PLUS a \$150 non-refundable tuition deposit and signed contract is due upon acceptance.** I understand that completing this application does not guarantee enrollment but is the first step of the enrollment process.

Re-enrollment: a \$25 update fee is due with this application and signed contract.

Parent/Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

MONTESSORI DAY SCHOOLS DOES NOT DISCRIMINATE ON THE BASIS OF RACE, GENDER, RELIGION, COLOR, NATIONAL OR ETHNIC ORIGIN.



2011-2012 TUITION AND FEE SCHEDULE

In keeping with our goals of partnering with parents and actively supporting parent involvement, the student's billing account will be credited up to \$40/month, as follows, for tuition-paying parents: \$20 for each Parent Partners Evening attended, and \$10 for each hour of approved parent participation as listed in the Parent Participation Project Book. Monthly participation is expected of **ALL** parents, private and charter. Since charter parents have the benefit of paying **no** tuition, their participation is needed to help offset the state's funding shortfall for the charter school, and makes it possible for this opportunity to continue to exist for their children.

<u>Primary Program (3 - 4 yrs)</u>	<u>Tuition/Monthly Payment</u>
Half Day (8:30am – 11:30am)	\$575
Full Day (8:30am – 2:45pm)	\$680
Extended Day (8:00 am – 4:30pm)	\$725
All Day (7:00am – 6:00pm)	\$825

<u>Kindergarten Program</u>	<u>Tuition/Monthly Payment</u>
Half Day (8:30am – 11:30pm)	Charter: No Tuition Charge
Full Day (8:30am – 2:45pm)	Charter: No Tuition Charge (subject to AZ legislative action requiring payment: HB2337)
Extended Day (8:00 am – 4:30pm)	\$200
All Day (7:00am – 6:00pm)	\$375

<u>Elementary Program (Grades 1 – 6)</u>	<u>Tuition/Monthly Payment</u>
Academic Day (8:30am – 3:15pm)	Charter: No Tuition Charge
Extended Day (8:00am – 4:30pm)	\$175
All Day (7:00am – 6:00pm)	\$350

<u>Middle School Program (Mountainside Campus)</u>	<u>Tuition/Monthly Payment</u>
Academic Day (8:00am – 3:15pm)	Charter: No Tuition Charge

Monthly payments are based on one full academic year's charges divided into ten (10) equal installments. Should you enroll any time after the first day of school, there will be a prorated charge in addition to the first monthly payment. This amount is calculated on a daily rate and is due upon enrollment. If you withdraw your child before the end of the school year, your final bill will also be prorated. Each payment is **due on the 15th of the month**. A late fee of \$15 must be paid for payments made after the 15th of the month.

Extracurricular Programs

Extracurricular Activities such as Music, Art, Sports are offered on a per-term basis (September – December and January – May). Fees for participation in these activities can be offset by taking advantage of Arizona's Extracurricular Tax Credit. Extracurricular activities offered are individualized per campus and listed separately.

Periodic Extended Care (depends on staffing availability) \$20.00 per day of use
Periodic extended care MAY NOT be available depending on our staffing for that day.

LATE PICK UP FEES: Pick up from school *after 6:00 pm or more than 10 minutes after any dismissal or pick-up time* will result in a late charge of **\$20.00 plus \$1.00 for each minute the child remains at the school beyond 6:00 pm or beyond the dismissal time.**



STUDENT ENROLLMENT CONTRACT
2011-2012 ACADEMIC YEAR

I (We), _____, wish to enroll the following child, _____, in Montessori Day Schools ("MDS") for the 2011-2012 academic year. I (We) understand that in signing this contract I (we) agree to abide by all MDS policies including those contained in the MDS Parent Handbook and assume full financial responsibility for payment of fees set forth below as well as all other contractual obligations.

Tuition and fees are based on a 10-month academic year which runs from August to June. Enrollment in the academic year program is automatic enrollment for the entire year and constitutes a contractual responsibility for the entire year's tuition and/or fees in the amount of \$_____ according to the attached Tuition and Fee Schedule.

PROGRAM SELECTED: _____

PAYMENT TERMS:

Ten (10) equal payments in the amount of _____ (\$_____) payable on the 15th calendar day of each month beginning August 15, 2011. If the student is enrolled after the 1st day of school, the first tuition/fees payment will be prorated separately and will be payable upon enrollment.

ADDITIONAL TERMS AND CONDITIONS

Inclusions. This Contract includes the Tuition and Fee Schedule, the School-Parent-Student Compact, the Parent Handbook and any amendments and/or additions that may be made from time to time.

Non-Refundable Deposit. A \$150 non-refundable Tuition Deposit is required to ensure your child's place in the MDS program selected. The deposit is credited to the final tuition/fees payment due or carried over to the next academic year only upon compliance with all terms of this Contract and is non-refundable regardless of the reason for withdrawal or termination of enrollment.

Please initial _____

Returned Checks. A \$25.00 charge will be made for all returned checks. If a check is returned, all future payments will have to be made by cash, money order or cashier's check. Please initial _____

Termination of Enrollment by MDS. Each child is accepted into MDS programs on a provisional basis. If MDS determines for any reason that MDS cannot meet the needs of your child and chooses to terminate that child's enrollment, tuition/fees will be computed on a daily basis and the remainder of the tuition/fees already paid, for attendance days occurring after the date the child's enrollment was

terminated, minus any prepayment charges, will be refunded. *Withdrawal by the parent/guardian requires a thirty (30) day written notice in order to receive a refund.*

Termination of Enrollment by Parent/Guardian. If the parent/guardian chooses to withdraw the child from the MDS program selected, the parent/guardian must submit a **thirty (30) day written notice** to MDS in order to receive a tuition/fees refund. The refund of prepaid tuition/fees will be for that time period *beginning thirty (30) days after written notice was given and will not include any time period during which the child was enrolled in the MDS program.* Written notice is deemed given when it is actually received by the MDS office.
TUITION/FEES ARE NOT REFUNDABLE FOR ABSENCES DUE TO ILLNESS OR ANY OTHER REASON.

Guidelines. Parents/Guardians must follow the guidelines and rules set forth in the Parent Handbook and in the SCHOOL-PARENT-STUDENT COMPACT including any and all amendments or additions that may be made from time to time. Failure to observe these rules and guidelines may be grounds for immediate dismissal of your child.

Acknowledgement. I (We) understand that by signing this Contract, I (we) agree to be bound by the terms of this Contract and acknowledge that (a) I (we) understand all the terms of this contract; (b) I (we) have had the opportunity to ask all questions and have received satisfactory answers to those questions; (c) I (we) am (are) not relying on any representations or warranties not set forth in this Contract; and (d) no person at MDS has made any statements on which the undersigned is relying in executing and entering into this Contract.

Parent/Guardian Signature

Parent/Guardian Signature

Printed name

Date

Printed name

Date

Social Security Number

Social Security Number



Received by MDS: _____
(Signature of MDS representative) (Title)

(Print name) (Date)