



MDS USE ONLY: Rec'd Campus Class

APPLICATION FOR CHARTER STUDENT ADMISSION 2011-2012

Please print!

START DATE: GRADE APPLYING FOR: PROGRAM SELECTED:
Half Day K(8:30-11:30) Full Academic Day Extended Day(8:00-4:30) All Day(7:00-6:00)

Place of Birth: City State Country

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):

What is the primary language used in the home regardless of the language spoken by the student? What is the language most often spoken by the student? What is the language that the student first acquired?

REQUIRED BY LAW> Ethnicity: Is this student Hispanic/Latino? (choose only one) No Yes
Race: (choose one or more) White Black American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander

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 (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 a copy of official documents that state custody arrangement.)

PLEASE DESCRIBE VISITATION ARRANGEMENTS:

NAMES AND AGES OF SIBLINGS:

Please describe any special family needs, conditions or circumstances \_\_\_\_\_

PLEASE INDICATE ALL FORMER SCHOOLS CHILD HAS ATTENDED:

NAME OF SCHOOL	CITY	DATES ATTENDED	REASON FOR LEAVING

HAS YOUR CHILD EVER BEEN TESTED FOR **SPECIAL SERVICES**? \_\_\_Yes \_\_\_No If yes, please describe: \_\_\_\_\_

**DOES YOUR CHILD HAVE A CURRENT IEP?** \_\_\_Yes \_\_\_No **A 504 PLAN?** \_\_\_Yes \_\_\_No **An ILLP?** \_\_\_Yes \_\_\_No

HAS YOUR CHILD EVER BEEN **EXPELLED** OR **SUSPENDED** FROM SCHOOL? \_\_\_Yes \_\_\_No If yes, please give dates, school name and circumstances \_\_\_\_\_

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/readmission to Montessori Day Schools. The information provided is correct and true to the best of my knowledge.**

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MONTESSORI DAY SCHOOLS DOES NOT DISCRIMINATE BASED ON 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 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 – 11:30am)	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 15<sup>th</sup> of the month**. A late fee of \$15.00 must be paid for payments made after the 15<sup>th</sup> 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. Furthermore, I (we) agree that, in the event of default in the payment of any installment provided for in this contract, the above student will not be allowed to continue in the program selected without approval from the Campus Director and the Executive Director and that the undersigned will be responsible for all attorney's fees and reasonable costs of collection for any outstanding amounts due under this contract.

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. Tuition and/or fees are payable according to the terms outlined below. Enrollment after the 1<sup>st</sup> day of school will result in tuition and/or fees being prorated based on days remaining in the academic year.

PROGRAM SELECTED: \_\_\_\_\_

**PAYMENT TERMS:**

Ten (10) equal payments in the amount of \_\_\_\_\_ (\$\_\_\_\_\_) payable on the 15<sup>th</sup> calendar day of each month beginning August 15, 2011. If the student is enrolled after the 1<sup>st</sup> day of school, the first tuition/fees payment will be prorated separately and will be payable upon enrollment. A ten percent (10%) late charge must be paid for payments made after the due date. If the past due tuition/fees and late charge are not paid in full within ten (10) calendar days of the due date, the student will not be permitted to attend the MDS program selected until all past due charges are paid in full. Tuition/fees that are thirty (30) or more days past due will result in termination of the child's enrollment and the initiation of legal action.

**ADDITIONAL TERMS AND CONDITIONS**

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

**Non-Refundable Deposit.** A \$75 *non-refundable* deposit is required to ensure your child's place in the MDS program selected. The deposit is credited to the final 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)