

CARDINAL MONTESSORI SCHOOL

2013-2014

Student's Full Legal Name _____ Date _____

PARENT CHECK LIST:

To be considered for admission, the following documents, including a non-refundable registration fee (new parents) \$250.00 and a refundable deposit \$200.00 must accompany this application.

- ☐ **Completed Application**
 - ☐ **Application for Admission (first page)**
 - ☐ **Emergency Medical Authorization**
 - ☐ **Tuition Contact**
 - ☐ **EDC Contract (signed)**
- ☐ **Check for \$200.00 (all students)**
- ☐ **Check for \$250.00 (new students)**
- ☐ **Required Signatures from Parent/Guardian (pages 2, 3, and 4)**
- ☐ **Birth Certificate - (new students -State Requirement) office staff will make a copy**
- ☐ **Current Immunization Record (State Requirements)**
- ☐ **Commonwealth of Virginia School Entrance Health Form and Physical**
(new students- required before first day of attendance;
Returning students- updated between fourth and sixth birthday.) (State Requirement)
- ☐ **Copy of Custody decree (if applicable)**
- ☐ **Current Standardized Test scores (if applicable) or School Records (if applicable)**

Cardinal Montessori School

2013-2014 Application

Application Date _____ - _____ - _____

Grade Applying For (circle one) PK K 1 2

Home Telephone _____ - _____ - _____

3 4 5 6

STUDENT DATA-PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION:

Legal Name: Last _____ First _____ Middle Name _____

Sex: Male ☐ Female ☐ Date of Birth ____/____/____ State of Birth _____ Country of Birth _____

Home Address _____ City _____ State _____ Zip _____

Primary E-mail where official school communication can be sent

Father's E-mail _____ Mother's E-mail _____

If divorced, who has custody of this child? _____ (Copy of decree or any restrictions, must be in child's file)

Has student attended school before? Yes ☐ No ☐ If yes, name the school(s) attended _____

Are there any other problems that the school should be aware of? Yes ☐ No ☐ If yes, explain on back or on a separate sheet of paper.

FATHER'S NAME _____ **CELL#** _____ - _____ - _____

ADDRESS (if different than child's) _____ SS# (last 4 digits) _____

OCCUPATION _____ PLACE of EMPLOYMENT _____

EMPLOYMENT ADDRESS _____ EMPLOYMENT PHONE _____

MOTHER'S NAME _____ **CELL#** _____ - _____ - _____

ADDRESS (if different than child's) _____ SS# (last 4 digits) _____

OCCUPATION _____ PLACE of EMPLOYMENT _____

EMPLOYMENT ADDRESS _____ EMPLOYMENT PHONE _____

List any other children living at home or attending other schools:

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Office Use Only

Application Date: _____

Date Accepted: _____

Deposit Check # _____

Registration Check # _____

Amount \$ _____

Amount \$ _____

CARDINAL MONTESSORI SCHOOL EMERGENCY

MEDICAL AUTHORIZATION

2013-2014

STUDENT DATA-PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION:

Student's Legal Name: Last _____ First _____

Student's Date of Birth ____/____/____ Phone _____ Sex: Male ☐ Female ☐

Student's Home Address _____ City _____ State _____ Zip _____

Mother's place of employment: _____ Work Phone _____ - _____ - _____

Father's place of employment: _____ Work Phone _____ - _____ - _____

- I/We hereby authorize the CARDINAL MONTESSORI SCHOOL to obtain immediate medical care for our child, if an emergency occurs when I/we cannot be located immediately.
- I/We consent to hospitalization for the performance of necessary diagnostic test, the use of surgery, and /or the administration of drugs to my/our child, named above.
- It is understood that this agreement covers only those situations which are true emergencies and only when I/we cannot be reached. Otherwise I/we expect to be notified immediately. I/we will be responsible for payment of medical care expenses.
- I/We understand Cardinal Montessori School will notify me/us if my child becomes ill at school and I/we agree to make arrangements to have our child picked up as soon as possible.
- I/We agree to notify Cardinal Montessori School within 24 hours or the next business day if my child or any immediate household member has developed a reportable, communicable, disease as defined by the State Board of Health. Life threatening diseases must be reported immediately.

Father's Name (print) _____ Mother's Name (print) _____

Father's Signature _____ Mother's Signature _____

- Health Insurance _____ Policy # _____
- Student's Physician _____ Physician Phone # _____
- List known allergies or intolerance to food, medication etc.

- List any specific actions to be taken in an emergency _____
- List any chronic psychological problems, special abilities or developmental delays: _____

Name of three (3) people authorized to be called in an emergency/I also authorize these people to pick up my child in my absence or at any time (This is a Virginia state requirement.):

First Person's Full Name	Second Person's Full Name	Third Person's Full Name
Home Address	Home Address	Home Address
City, State, and Zip	City, State, and Zip	City, State, and Zip
Phone _____ Relation _____	Phone _____ Relationship _____	Phone _____ Relationship _____

CARDINAL MONTESSORI SCHOOL TUITION CONTRACT

2013-2014

Name the primary person who is responsible for tuition/fees payment (print name) _____

The school hereby accepts my child, _____, for enrollment as a pupil for the 2013-2014 school year. This agreement is entered into between the CARDINAL MONTESSORI SCHOOL and

Father's Name (print)

Father's Signature

Date

Mother's Name (print)

Mother's Signature

Date

Parents Understand:

1. **That a student's parents are required to pay for the entire school year tuition (180 school days).**
2. Children ages 3 and 4 attend classes from 8:30 a.m. to 11:30 a.m. Children five years of age and older attend classes from 8:30 a.m. to 3:30 p.m. Thursday dismissal is at 2:00 pm (full day) **Children turning 5 during the school year, move up to full day session on their birthday. Tuition is figured and adjusted per diem for days remaining in school after their 5th birthday.**
3. If a student is withdrawn, for any reason, during the school year, the remaining tuition through the end of the year must be paid in full.
4. If the student is asked to leave or withdraw from the school, parents are responsible for the entire annual school tuition through the month that the student withdraws.
5. All new (primary and elementary students) are accepted on a four-week trial basis. Parents of students that are asked to withdraw from the school after the four-week trial will be responsible for the entire annual school tuition through the month that the student withdraws.
6. If a tuition payment is forty-five (45) days overdue, the student will be automatically withdrawn from the program, unless special payment arrangements have been made in writing with the school's director (School tuition expenditures must be paid even if parents or child leaves the country or goes on vacation for an extended period of time).
7. The elementary school is in session a minimum of 180 classroom days. The annual tuition, EDC, and material fee for CMS students:

Students	<u>Primary: Under 5</u> (half-day)	<u>Primary: Over 5</u> (full-day)	<u>Lower Elementary</u> (1 st -3 rd grades)	<u>Upper Elementary</u> (4 th -6 th grades)
Tuition	\$4,990.00	\$6,730.00	\$6,850.00	\$6,900.00
EDC	\$4,215.00	\$2,560.00	\$2,560.00	\$2,560.00
Material Fee	\$110.00	\$110.00	\$310.00	\$350.00

8. Tuition can be paid in two installments to CMS. The first payment on, or before, **September 6, 2013** and the second payment on, or before, **December 20, 2013**.
9. Parents requiring monthly installments can pay in 10 monthly payments beginning **August 2013**, and each month thereafter, with the final payment on or before May 20, 2014. Parents wishing to pay in 10 monthly installments must pay a \$100.00 registration fee with SMART Tuition, Inc. to use their billing tuition services. CMS will set up your account with SMART. The student SMART fee will be deducted from the first payment.
10. A \$250.00 registration fee (new students) and a \$200.00 deposit are due at the time of application. The registration fee (new students) and the deposit must be submitted with the school application. The registration fee is non-refundable. The deposit will be credited to the student's final tuition (May 2014) if the student attends the school for the entire school year.
11. The \$110.00 material fee is due August 20th to cover the entire school year. (Primary) The one-time per school year workbook and material fee will be charged for all Lower (\$310.00) and Upper (\$350.00) elementary students to cover their books and workbooks for the entire school year. I understand that any incidental expenses incurred will be paid at the time of occurrence (i.e. pictures, field trips, special programs, etc.).
12. Children five years of age and older attend the full day session (8:30-3:30 except on Thursday-8:30-2:00). I understand tuition will be prorated for students turning five years old during the school year.
13. Should this account have to go to collections I understand that I am responsible for any and all fees incurred.

PARENTS MUST SELECT MARK THEIR PAYMENT METHOD:



SMART 10 Payment Plan (\$100)



CMS 2 Payment Plan (Sept. & Dec.)

CARDINAL MONTESSORI SCHOOL EXTENDED DAY CARE APPLICATION

2013-2014

Parents understand that this contract covers the same 180 days that the school is in regular session. The contract fee for the half day session (under five years old) is \$4,215.00 and \$2,560.00 for the full day session (five years and older). Hours of operation are 6:00 am to 6:30 pm. If students are picked up from school later than 6:30 pm there will be an additional charge of \$2.00 per minute per student.

Students	<u>Primary: Under 5</u> (half-day)	<u>Primary: Over 5</u> (full-day)	<u>Lower Elementary</u> (1 st -3 rd grades)	<u>Upper Elementary</u> (4 th -6 th grades)
EDC	\$4,215.00	\$2,560.00	\$2,560.00	\$2,560.00
Hourly Charge	\$5.00	\$5.00	\$5.00	\$5.00

Students will be charged at the rate per hour or fractional hour, for the time they are in extended day care. Children will automatically be considered in EDC (Extended Day Care) for anytime they attend before or after regular class time.

Parents Must Select One and Sign Below:

- ☐ **EDC Paid Hourly (You must sign the bottom of this form but do not complete information below)**
- ☐ **EDC Contract (If selected, please complete information below and sign at the bottom)**

Student's Name Last _____ First _____

Student's Home Address _____

Father's E-mail _____ Mother's E-mail _____

Home Phone _____ Father's Cell Phone _____ Mother's Cell Phone _____

What date will your child be five years old? ____/____/____ In September the student will be: ☐ ½ Day Primary
☐ Full Day Primary
☐ Lower-Elementary
☐ Upper-Elementary

Sex: Male ☐ Female ☐ Date of Birth ____/____/____

Mother's Home Address (if different from the child's) _____

Father's Home Address (if different from the child's) _____

PARENT SIGNATURE(Father) _____ **DATE** _____

PARENT SIGNATURE(Mother) _____ **DATE** _____