

DATE



PRIMARY PR	ROGRAM AGRI	EEME	NT		CHILD	'S NAME: .	
	☐ 5 FULL DAYS ☐ 5 HALF DAYS* ☐ 3 FULL DAYS ☐ 3 HALF DAYS*	□M □M	□T □T	□W □W	□TH □TH	□F □F	10 PAYMENTS OF TUITION (IN DOLLARS): 1400 1250 1200 1050
*Half Day *Lunch Option *Half day options avail	8:45AM - 11:45AM 11:45AM - 1:00PM (Ai ilable to children 3 year		\$20 a day	·)			
Full Day	8:45AM - 3:15PM						
MONTESSORI KINDE	RGARTEN						
	☐ 5 FULL DAYS	8:45AM	- 3:15PM				1450
BOOKS / SUPPLIES	Pre-K						250
	K		MILINITII C	·DM			400
EXTENDED HOURS P	ROGRAM - AVAILABLE MORNING EXTEND AFTERNOON EXTE BOTH SESSIONS	ED HOUR	RS ONLY (7	7:00–8:45			350 400 700
First hour is not prorat After the first hour, tim	vailable at \$25 per hour ited ne will be prorated by the will be charged \$30 for the	half hour			ollar for eve	ry minute th	ereafter.
	ON e, book/supply fee along fee is non-refundable. Pl						our application.
TUITION							
or by remote means). The Installment Plan is the beginning of school September 1 and the	Tuition may be paid in fu s offered solely for the co ol. Each subsequent inst	Il at the tin invenience allment pa on May 1.	ne of applie of parent ayment is A \$75 late	ication, or ts/guardia due on the charge w	, alternativens. Your fire first of earill be assessed	ely, in 10 equ st payment i ch month, w ssed for late	es the school year (whether in-person ual installments (the "Installment Plan"). s due with your application before if the second payment being due on payments or for returned checks. If a cash.
	e made to the tuition for school is mandated to op						to weather, illness, vacations or shortened or health reasons.
day of school. Any pa	thdraw their child before	hild before	e the end	of the sch			ting at least two (2) months prior to the first to a tuition refund and, if paying under the
Must be included with	registration:] First Tuit	ion Installı	ment	☐ Supp	ly Fee	☐ \$150 Registration Fee
CHILD'S NAME							

PARENT/GUARDIAN SIGNATURE

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NESHAMINY MONTESSOR	RI AGREEME	CHILD'S NAME:	
Services to be provided as part of the tuition	n: education and ca	re	
Child's arrival time: Child's depart	ture time:		
Person(s) designated by parent to whom chil	ild may be released:		
I, the parent/guardian;			
☐ received complete written progra	am information at th	e time of enrollment. (§ 3270.121, 3280.1	21, 3290.121)
agree to update the emergency of every 6 months at a minimum. (§		nsent form information whenever change 1, 3290.124)	s occur or
		SIGNATURE-DIRECTOR	DATE
SIGNATURE-PARENT OR GUARDIAN	DATE		
DATE OF CHILD'S ADMISSION			
DATE OF WITHDRAWAL			
PERIODIC REVIEW			
SIGNATURE-PARENT OR GARDIAN	DATE		

NESHAMINY MONTESSORI IS PROUD TO BE AN EQUAL OPPORTUNITY CARE PROVIDER AND EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR ADMISSION PAGE 1 TODAY'S DATE: __ Student's Full Name FIRST LAST CHILD GOES BY Student's Address HOME PHONE STREET CITY STATE ZIP CODE GENDER BIRTH DATE Mother/Guardian FIRST LAST E-MAIL OCCUPATION BUSINESS PHONE OTHER CELL/PAGER Father/Guardian FIRST LAST E-MAIL OCCUPATION BUSINESS PHONE OTHER CELL/PAGER Parental Status ☐ Married ☐ Separated □ Divorced ☐ Single ☐ Widowed ☐ Other _ If separated or divorced (since when) _ Siblings NAME AGE GRADE SCHOOL NAME GRADE SCHOOL AGE NAME AGE GRADE SCHOOL Other persons in home NAME RELATIONSHIP AGE NAME RELATIONSHIP AGE RELATIONSHIP NAME AGE Person to notify in an emergency NAME RELATIONSHIP ADDRESS HOME PHONE BUSINESS PHONE OTHER CELL/PAGER

APPLICAT	ION FOR ADMISSIO	N PAGE 2	CHILD'S NAME:	
School(s) previou	sly attended			
	SCHOOL NAME		PHONE NUMBER	
	SCHOOL NAME		PHONE NUMBER	
	SCHOOL NAME		PHONE NUMBER	
ls a second langu	age spoken at home?			
	☐ Yes ☐ No			
	If yes, which language			
Extended day ap	olication (7am - 9am/3:30pm - 6p	pm)		
	My child will arrive at school	by		
	My child will depart from sch	nool by		
Transportation				
	☐ District Bus School	ol District Name		
	□ Self			
In the space belo	w please supply any additional co	mments you feel would	help us in understanding your child.	