

Date Received: _____
Check Number: _____
Check Amount: _____

Child's Name: _____ Child's Birthday: _____ Age of Child: _____
on 9/1/16 years months

Child's Address: _____

Home Phone: _____ Male Female

School District: _____ Please check if your child will be taking public bus transportation.
Note: The Montessori Academy of Lancaster does not make public bus transportation arrangements, nor is a party to it. Please contact your school district for busing information.

Father's Information:

Last Name: _____ First Name: _____
Address: _____ Cell Phone: _____
City, State Zip: _____ Email: _____
Employer: _____ Work Phone: _____
Occupation: _____

Mother's Information:

Last Name: _____ First Name: _____
Address: _____ Cell Phone: _____
City, State Zip: _____ Email: _____
Employer: _____ Work Phone: _____
Occupation: _____

Siblings (names, ages): _____

Child's Allergies: _____

Special Dietary Information: _____

Paternal Grandparents: _____
name address

name address

Maternal Grandparents: _____
name address

name address

Previous School Experience – Where: _____ When: _____

Child’s dislikes and fears: _____

Special needs/requests: _____

Referred by: _____

Your contact information as listed above, excluding employer information, will be included in the school directory, dispersed only to current enrolled families for the purpose of communication. Your contact information will not be shared with or sold to any third party vendors or used for the purpose of solicitation. If you wish to opt out of the school directory, please indicate your preference below:

- Please publish ONLY the following:
 - Mother’s: Address Cell Phone Email
 - Father’s: Address Cell Phone Email
- Please do NOT publish any contact information in the school directory

On occasion, our school updates its marketing materials and makes online posts about activities happening at the school. If you wish for your child to NOT be a part of any published or shared photos, please indicate below:

- I do NOT wish to allow my child’s photo to be shared or used for school related marketing.

Application Procedure

1. Submit application and non-refundable (one time) fee of \$50 to MONTESSORI ACADEMY OF LANCASTER.
2. Submit Enrollment Agreement with \$100 tuition deposit.

Montessori Academy of Lancaster has a non-discriminatory policy relative to race, color, and national origin with respect to the admission of students and the employment of faculty and administrative staff.

Montessori Academy of Lancaster considers the records of all individual students to be confidential information available to the child’s parents or guardians upon request. Records will only be released to other schools or agencies upon signed request from a parent or guardian and only after all accounts due are paid in full.

The application fee of \$50 is non-refundable. All tuition payments are due as shown on the Tuition Rate Sheet. The checks should be made payable to Montessori Academy of Lancaster. Please feel free to contact us if you have any questions.

Signature of Parent or Guardian

Date

This Enrollment Agreement (hereinafter "Agreement"), entered into this _____ day of _____ 2016

between: _____ (hereinafter "PARENTS") and
(please print name of financially responsible Parent or Guardian)
Montessori Academy of Lancaster (hereinafter "ACADEMY").

PARENTS hereby agree to enroll _____
(please print name of student)

(hereinafter "STUDENT") in the ACADEMY 2016-2017 academic year and request a place be held for the STUDENT in:

Toddlers (18 months - 2 years)

- 2 Half days, M-T or Th-F 9:00 AM - 12:00 PM
- 2 Full days, M-T or Th-F 9:00 AM - 3:00 PM
- 3 Half days, M-T-W 9:00 AM - 12:00 PM
- 3 Half days, W-TH-F 9:00 AM - 12:00 PM
- 3 Full days M-T-W 9:00 AM - 3:00 PM
- 3 Full days W-TH-F 9:00 AM - 3:00PM
- Part Time Extended M & F 9:00 AM - 12:00 PM and T-W-TH 9:00 AM - 3:00 PM
- 5 Half days AM 9:00 AM - 12:00 PM
- 5 Full days 9:00 AM - 3:00 PM

Primary (3, 4, and 5)

- 5 Half days 9:00 AM - 12:00 PM
- 5 Half days 12:00 PM - 3:00 PM
- Part Time Extended M & F 9:00 AM - 12:00 PM T-W-TH 9:00 AM - 3:00 PM
- 5 Full Days 9:00 AM - 3:00 PM
- 3 Full Days (_____ days)
- 3 Half days 9:00 AM - 12:00 PM (_____ days)
- 3 Half days 12:00 PM - 3:00 PM (_____ days)

You must include a Monday or Friday as one of your three days when indicating your choice.

Kindergarten Program

- 5 Half days 9:00 AM -12:00 PM
- Part Time Extended M & F 9:00 AM - 12:00 PM and T-W-TH 9:00 AM - 3:00 PM
- 5 Full Days 9:00 AM - 3:00 PM

Kindergarten must attend at least 5 days.

Pre-First

- 8:30 AM - 3:00 PM

Elementary (6-9)

- 1st grade 8:30 AM
- 2nd grade 8:30 AM
- 3rd grade 8:30 AM

Elementary (9-12)

- 4th grade 8:30 AM
- 5th grade 8:30 AM
- 6th grade 8:30 AM

Before & After School Care (Morning start at 7:30am / Evening ends at 5:30pm)

- AM Care Arrival Time: _____ Monday Tuesday Wednesday Thursday Friday
- PM Care Pick-up Time: _____ Monday Tuesday Wednesday Thursday Friday

For staffing purposes, please call at least 24 hours in advance if you need to change your beforecare or aftercare schedule.

PARENT agrees to pay for the following tuition 2016-2017:

- Annually (A) Due on or before 9/01/16.
- Semi-Annually (S) Two Payments due on/or before 9/01/16 and 1/01/17.
- Monthly (I) Nine Installments due on/or before the 1st of each month 9/01/16 through 5/01/17.

Applicants who qualify for EITC financial aid for the 2016-2017 academic year must submit their enrollment paperwork on or before April 15, 2016 to be considered.

Late fees will be charged according to the Academy Policy and admission is contingent upon payment received on or before above due dates. The above tuition does not include Before/After Care or the Enrichment Program.

STUDENTS are enrolled for the complete academic school year and PARENTS understand that payment of the full tuition in single or multiple installments is to be made in a timely manner. PARENTS agree to pay late fees and penalties as mandated by the Board of Directors for any payment not received under the terms of this agreement.

PARENTS understand that once the academic year begins no portion of the tuition paid, outstanding, or due in the future, will be refunded or cancelled due to the withdrawal of the STUDENT from the school or due to his/her absences. If, for any reason, the Administrator or Directress of the ACADEMY requests that any STUDENT be withdrawn, then cancellation of the remainder of this Agreement or a refund may be in order. This decision will be made by the ACADEMY'S Board of Directors and their decision will be final.

PARENTS and ACADEMY agree that part of the consideration for this Agreement is the contribution of hours of service by PARENTS to ACADEMY in a manner to be determined by the Board of Directors, or its designee. PARENTS may, at his or her option, pay a fee in lieu of services as set forth on the front of this Agreement.

PARENTS further understand that this is a binding contract, the terms of which are contained on these two pages. Only the Board of Directors may waive or modify any of the terms of this Agreement and then only upon written request directed to the President of the Board.

The ACADEMY complies with Pennsylvania Department of Education guidelines #5183 regarding return of tuition. They define a school "term" as a semester (August through December and January through June). If a student is withdrawn from a private school more than thirty (30) days prior to the start of a term, there is no tuition obligation. However, the tuition deposit is non-refundable. If the student is withdrawn within thirty (30) days prior to the start of the term, twenty-five (25%) percent of the tuition for that term must be paid. Those who choose to pay tuition monthly are only responsible for the current month. In each case, the parent must notify the school in writing by "registered mail" of the withdrawal of the child. The postmark on such notice shall be considered the date of withdrawal.

I/We are the parent(s) or guardian(s) who will be financially responsible for the tuition and by my/our signatures agree to the terms and conditions above and to accept and abide by the Rules and Policies of the Montessori Academy of Lancaster as stated in their current Student/Parent Handbook, which is incorporated herein by reference and provided as part of this Agreement.

Print Name

Signature

Print Name

Signature

Address, City, State, ZIP

Phone

Email