

Child's Name: _____

Traditions Montessori School

2668 Barron Road, College Station, TX 77845 -- (979)-690-7373

Website: www.traditionsmontessorischool.org Email: traditionsmontessori@gmail.com

Registration: 2026-2027

Application Fee <i>for New to TMS Students Only</i>	\$100
Annual Registration and Supply Fees for All Students	\$200
August Tuition Deposit Fee	\$100

Registration Schedules

Monthly Payment

Primary Registration

_____ 5 Full Days	8:15am -3:00pm	\$790
_____ 5 Mornings Only	8:15am-12:15pm	\$620
_____ 3 Full Days	8:15am -3:00 pm	\$640

Tuesday, Wednesday, Thursday

Kindergarten Registration

_____ 5 Full Days	8:15am -3:00pm	\$800
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Elementary Registration

_____ 5 Full Days	8:05am -3:15pm	\$800
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(First through Sixth Grade)

Extended Care Registration

_____ Morning Care	7:45- 8:15am	\$ 40
_____ Afternoon Care	3:15 to 4:30pm	\$100
_____ Afternoon Care	3:15 to 5:30pm	\$170

- In addition, there is a late fee charge of \$2 per minute for children picked up after their scheduled pick-up time. Please see the Parent Handbook for these times.
- Tuition is divided into ten monthly payments, running from August through May. A late fee of \$10 per day will be charged for any overdue payments. Tuition payments are non-refundable for withdrawals effective after March 1, 2027. No discounts will be offered for holidays, days when the facility is closed, or closures due to natural calamities.
- Written notice of withdrawal must be provided 60 days in advance to allow for new enrollments and budget planning. Monthly tuition fees must be paid during the 60-day notice period. If you plan to unenroll before the start of the 2026 school year, please submit your notification by June 30, 2025, to avoid being charged for August tuition.

I, _____, as the parent/guardian of _____, acknowledge that I have received the 2026–2027 Traditions Montessori School Parent Handbook. I understand the payment schedule outlined within and have read, understood, and agree to follow all policies and regulations described in the handbook.

Mother's Signature: _____ Date: _____

Parent Name Printed: _____

Father's Signature: _____ Date: _____

Parent Name Printed: _____

*** Please note that all information in the registration packet must be filled in **completely** to be accepted.

Office use only: Date of Admission: _____ Amount Paid: _____

Child's Name: _____

ALL BLANKS MUST BE COMPLETE TO REGISTER

1. Child's Information

Child's Full Name: (first and last)	Name Preferred: (nickname)	Birth Date: _____ Male [] Female []
Age and Grade Level as of August 2026:	Previous School's Name, City:	Last School Grade Completed:
Physician's Name:		Phone:
Address:		Preferred Hospital:
Please list any allergies, existing illness, previous serious illness or injuries, hospitalizations during the past 12 months, and any medications prescribed for continuous, long-term use or Medical Problems that may affect treatment: <div style="float: right;"> ***** Please write <u>NONE</u> if there are no known allergies. _____ _____ </div>		

2. Parent (Guardian) Information: please print neatly

Mother's Information

Mother's First Name:	Last Name:	Home Number: ()-
Address:	Cell Phone Number: ()-	Work Number: ()-
Email:	Place of Employment:	

Father's Information:

Father's First Name:	Last Name:	Home Number: ()-
Address:	Cell Phone Number: ()-	Work Number: ()-
Email:	Place of Employment:	

3. Emergency Contacts & Authorized Pickup Persons

These contacts (**not parents**) will be contacted in an emergency when guardian(s) may not be located, and have permission to pick up the child when guardian(s) is/are not able to do so in person:

******(ALL INFORMATION MUST BE COMPLETE) ******

1 st Contact:	Phone:	Address:
2 nd Contact:	Phone:	Address:

4. School Schedule:

____ Full Time ____ 3 Full Days ____ 5 Half Days

Before and After School Extended Care:- Please fill out the extended care registration form and pay prior to attending extended care.

Extended Care Registration

____ Morning Care
 ____ Afternoon Care
 ____ Afternoon Care

***No Drop-in Care Available**

7:45- 8:15am
 3:15 to 4:30pm
 3:15 to 5:30pm

Office use only: Yes or No

ALL PARENTS AND/OR LEGAL GUARDIANS MUST SIGN:

5. General and Financial Acknowledgement

I/We understand and agree that in the event I/we default on any payments herein agreed to be paid, the entire balance owing shall become immediately due and payable. In the event of default on any payment or deficiency balance due, or it becomes necessary to engage an attorney, collection agency, or institute legal action to enforce the terms of this Contract, I/we shall be liable to pay all collection agency fees, attorney fees, court costs, and costs incurred by the Traditions Montessori School. I/We agree to pay the monthly tuition fees, which is made a part of this contract. These charges are due and payable in advance on or before the fifth day of each month. All accounts must be paid in full immediately thereafter in order to continue the daily program. A returned check fee of \$35 will be charged for every returned item. Written notice of withdrawal of my/our child from Traditions Montessori School must be given to the Director 30 days prior to the withdrawal date. I/We understand that I/we am/are obligated and required to pay tuition for the 30 days after written notice has been given to Traditions Montessori School. Tuition payments are non-refundable for withdrawals effective after March 1, 2027. I/We understand that Traditions Montessori School reserves the right to dismiss students and its decision is binding on all parties. We have specifically reviewed each of the provisions of this Agreement, and hereby agree to comply with all provisions hereof.

Mother or Guardian _____ Date _____

Father or Guardian _____ Date _____

6. Parent Handbook

I/we have read and fully understand the Policies and Procedures and have read and understand the Traditions Montessori School Parent Handbook. I understand that this document is made available through email and may be updated and emailed during the school year.

I/We accept in my/our own capacity and on behalf of my/our child/ward the policies, procedures, rules and regulations issued or practiced by Traditions Montessori School or stated in the Parent Handbook, as modified from time to time.

Mother or Guardian _____ Date _____

Father or Guardian _____ Date _____

7. Field Trips

I/We give my/our permission for my child to leave the premises of Traditions Montessori School to take part in planned educational field trips or activities supervised by the staff of Traditions Montessori School (provided that such trips or activities will be separately announced and will request the permission of the parent or guardian at least one day in advance of the activity). I/We understand that by signing this form I/we hold harmless the school and/or its employees from any and all liability if my child is injured as a result of the field trips and waive claims against them.

Mother or Guardian _____ Date _____

Father or Guardian _____ Date _____

Child's Name: _____

ALL PARENTS AND/OR LEGAL GUARDIANS MUST SIGN

8. General Authorization

When your child works on lessons or participates in special events, we often have many wonderful photo opportunities. We love to share these moments with parents via email. In any photograph, we do our best to never identify children by name. Traditions Montessori School uses photographs of students mainly for in-school communication but occasionally may use photos to promote the school on our website or social media. Please sign the permission below to indicate your preference.

_____ Yes, I/We hereby grant Traditions Montessori School permission for the above-named child to (a) take part in all program activities including all indoor and outdoor equipment; (b) be photographed or videotaped in connection with daily program activities for publicity, school pictures, and other purposes; I/We, the undersigned, agree to hold harmless and indemnify the Directors, Personnel, and Staff of Traditions Montessori School against any and all claims.

_____ No, I/We do not give permission for my child's image/photograph to be used as described above.

Mother or Guardian _____ Date _____

Father or Guardian _____ Date _____

9. Medical Authorization

I/We hereby grant Traditions Montessori School permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the above-named child. I/We understand that consistent with the circumstances of the situation and available time, Traditions Montessori School will attempt to contact and follow the instructions of the parent or guardian, physician, or another person(s) designated above. In the event Traditions Montessori School are unable to contact the parent or guardian, physician, or other person(s), I/we hereby grant permission to Traditions Montessori School to contact and comply with the advice from an available physician, ambulance personnel, or emergency personnel. I/We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by Traditions Montessori School in making emergency medical treatment available to the above-named child.

Mother or Guardian _____ Date _____

Father or Guardian _____ Date _____

10. Special Care Needs

Does your child have special care needs? **Yes or No.** If yes, please explain limitations/restrictions and accommodations or modifications including equipment. Also list any symptoms or indications of potential complications related to physical, cognitive, or mental condition that may warrant prevention or intervention while your child is in our care. Please list any medications needed for continuous, long-term use.

Child's Name: _____

Up to date shot records and hearing and vision tests must be on file August 1st, 2026 before your child can attend Traditions Montessori School. Forms can be dropped off or mailed to Traditions Montessori School, 2668 Barron Road, College Station, TX 77845.

****Please do not email your forms or medical information.**

Child's Name:	Child's Birth date:
Insurance Carrier and policy number: (optional)	
Allergies or other special conditions that would affect the named child's activities: _____ _____	

IMMUNIZATION RECORDS: Please **submit** your child's immunization record, signed or stamped by physician or health personnel.

EMERGENCY ALLERGY ACTION PLAN: If your child has an allergy, you **must** fill out an emergency allergy plan with your doctor and turn it into Traditions Montessori School before they can begin school. Please ask the school director for this form or request it from your child's doctor.

PERMISSION TO PARTICIPATE:

Every Traditions Montessori Student must have a physician's signature stating that your child is physically able to take part in school activities. The doctor can sign and/or stamp the statement found below or you may turn in your own form from your child's doctor's office.

HEARING/VISION SCREENING: Children **4 years of age or older** will need an annual hearing and vision screening. If your child turns 4 or has a birthday in the middle of the year, they will need to have this completed within 2 weeks of their expired hearing/vision test date. The hearing and vision results will need to be signed and/or stamped by their physician.

	<u>Hearing Screening</u>		<u>Vision Screening</u>	
	Right Ear-	Left Ear-	Right Eye --	Left Eye --
Pass				
Fail				
Signature				
Date				

***I have examined the above-named child within the past year and find that he/she is physically able to take part in school activities.**

Physician's Printed Name

Physician's Signature

Date

Child's Name: _____

NEW Students to Traditions Montessori School Questionnaire

Individual Personal Care Plan: *This personal care plan helps us get to know your child and your family to provide the best individualized care that we can.

With whom does your child live?
Are there any custody or visiting arrangements that we should be aware of?
Has your child had any previous preschool experience? If so, where did your child attend?
Did the previous school experience meet your needs and expectations? Please explain.
Has your child ever been referred to anyone for academic evaluation, testing, tutoring, etc?
Is your child allowed to return to their previous school? Yes/No If no, please explain.
Has your child had experience playing with other children?
Does your child have a special need or medical condition? If yes, please explain.
Is your child currently on medication(s) for long-term continuous use? If yes, please explain.
Is there anything that we should know about your child and/or your child's needs?
Would you characterize your child as... <input type="checkbox"/> friendly <input type="checkbox"/> aggressive <input type="checkbox"/> shy <input type="checkbox"/> withdrawn <input type="checkbox"/> fearful <input type="checkbox"/> aggressive <input type="checkbox"/> cheerful <input type="checkbox"/> cooperative <input type="checkbox"/> calm <input type="checkbox"/> other: _____
Does your child prefer to play... <input type="checkbox"/> alone <input type="checkbox"/> in small groups
What are your child's strengths?
What are your child's weaknesses?
What is their schedule like at home? What time do they wake up/go to sleep? Do they have a lot of screen time?
Primary Age: Does your child nap regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes Length of nap? _____ How many naps per day? _____