

Child's Name: \_\_\_\_\_

# Traditions Montessori School

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

Website: [www.traditionsmontessorischool.org](http://www.traditionsmontessorischool.org)

Email: [traditionsmontessori@gmail.com](mailto:traditionsmontessori@gmail.com)

## Registration: 2022-2023

### **Check Desired Program:**

Application Fee for New Students Only	\$100
Registration and Supply Fees for All Students	\$225

<u>Schedule</u>	<u>Monthly</u>
_____ 5 full days per week (Primary/Elementary)	\$730
_____ 5 mornings per week—Monday - Friday	\$500
_____ 3 full days—Monday, Wednesday, Friday	\$500

\*\*Full Time Monthly Tuition Discount on Siblings \*10% off full-time siblings  
 (please note that first child is full amount and full time siblings are discounted 10%)

### **Before and After School Care:**

7:45-until school begins	\$3.00 per time (scheduled in advance)
End of school until-4:15 or 5:15 pm	\$3.00 to 4:15 per time \$6.00 to 5:15 per time (scheduled in advance)

\*\*\*\*In addition, there is a late fee charge of **\$2 per minute** for children picked up after their scheduled pick-up time. Please see Parent Handbook for these times.

- To reserve a place for your child, please return the contract, non-refundable fees as well as the completed registration packet. Before school begins, the pro-rated tuition for August, any updated information, and your child's updated vaccination records including hearing/vision records are due before your child can begin.
- Monthly tuition payments are due by the *first* of each month and are late by the 5th of each month. There is a \$10/day charge for every day after the 5th. Tuition payments are non-refundable for withdrawals effective after March 1, 2023. No discounts from tuition will be made for holidays or other days on which the facility does not operate, including closure due to natural calamities.
- Notice of Withdrawal: Written notice must be given **30 days** in advance to allow for new enrollments and budget planning. Monthly tuition fees must be paid during the 30 days.

I understand and accept the above policies and fee schedules of Traditions Montessori School.

Child's Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>Office use only:</b> Date of Admission: _____ Amount Paid: _____
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Child's Name: \_\_\_\_\_

**1. Child's Information (ALL BLANKS MUST BE COMPLETE TO REGISTER)**

Child's Name: (first and last)	Name Preferred: (nickname)	Birth Date:
Age/Grade Level as of August 2022: _____	Male [ ] Female [ ]	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:		Please write none if there are no known allergies. _____ _____

**2. Parent (Guardian) Information:**

**Mother's Information**

Mother's First Name:	Last Name:	Home Number: ( )-_____
Address:	Cell Phone Number: ( )-_____	Work Number: ( )-_____
Driver's License #	Email:	Occupation:

**Father's Information**

Father's First Name:	Last Name:	Home Number: ( )-_____
Address:	Cell Phone Number: ( )-_____	Work Number: ( )-_____
Driver's License #	Email:	Occupation:

**3. Emergency Contacts & Authorized Pickup Persons**

These persons (**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:

<b>ALL INFORMATION MUST BE COMPLETE</b>		
1 <sup>st</sup> Contact:	Phone:	Address:
2 <sup>nd</sup> Contact:	Phone:	Address:

**4. Hours**

- \_\_\_\_\_ 5 full days per week (Primary/Elementary) \$730
- \_\_\_\_\_ 5 mornings per week—Monday - Friday \$500
- \_\_\_\_\_ 3 full days—Monday, Wednesday, Friday \$500

What type of care will we be providing for your child:

\_\_\_ Before School \_\_\_ After School \_\_\_ Before & After School \_\_\_ Drop In

Please fill out the extended care registration form prior to attending extended care.

**ALL PARENTS AND/OR LEGAL GUARDIANS MUST SIGN:**

**5. General Authorization**

I/We hereby grant to 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.

Mother or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**6. 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 \_\_\_\_\_

**7. Field Trips**

I/We give my/our permission for \_\_\_\_\_ 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 to 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: \_\_\_\_\_

**8. 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, 2022. 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.

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 \_\_\_\_\_

**2022-2023**

Child's Name: \_\_\_\_\_

**Up to date shot records and hearing and vision tests must be on file one week before your child can attend Traditions Montessori School.**

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 in to Traditions Montessori School before they can begin school. Please ask the school director for this form or request it from your child's doctor.

**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.

**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.

**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**