



New Student Application 2009 - 2010

3215 Powder Mill Road
Adelphi, MD 20783
Phone: 301.937.2244
info@pbmontessori.com
www.pbmontessori.com

*Please clearly print all information.

***This application will not be accepted unless it is filled out completely.**

*A separate application needs to be filled out for each child applying to PBMS.

A \$100.00 non-refundable application fee must be submitted along with this application.

Program Applying To

Enrollment Date: _____

Toddler:

- Half Day (8:45am - 11:45am)
- Full Day (8:45am - 2:45pm)
- Combination 3 Full/2 Half Days (8:45 - 11:45am or 2:45pm)
- All Day (7:30am - 6:00pm)

Primary:

- Half Day AM (8:45am - 11:45am)
- Combination 3 Full/2 Half Days (8:45 - 11:45am or 2:45pm)
- All Day (7:30am - 6:00pm)
- Half Day PM (12:00 - 2:45pm) *New Program
- Full Day (8:45am - 2:45pm)

Kindergarten:

- Full Day (8:45am - 2:45pm)
- All Day (7:30am - 6:00pm)

Elementary:

- Full Day (8:45am - 2:45pm)
- All Day (7:30am - 6:00pm)

Before & After Care:

Please refer to the Before & After Care Information form for the terms, hours and fees of our Before & After Care services. **If you are registering for one of the All Day programs the Before and After Care fees are already included in your tuition payment.**

Before Care:

- Yes No

Drop off time: _____ Pick up time: _____

After Care:

- Yes No

Drop off time: _____ Pick up time: _____

Applicant Information

Student's Name: _____

Last Name

First Name

Middle Name

Initial Here: _____

Male Female Date of Birth: _____ Age: _____

Languages spoken at home: _____

Home Address: _____
Street City State Zip

Does the applicant have previous Montessori School experience? Yes No

Name of previous school/daycare applicant attended: _____

School Address: _____
Street City State Zip

School Number: _____ Years Attended: _____

Please describe in detail any allergies, medical conditions or physical disabilities the applicant has which the school should be informed of.

Has the applicant ever had any behavioral, psychological or educational evaluations? Yes No

If yes, what kind, when and by whom? _____

*Please provide official copies of all reports to the school office. All evaluations help form a complete picture of a child's learning style. Applications will not be considered complete until evaluation copies have been submitted.

Family Information

Father Step Father Guardian
 Mr. Dr. Other _____

Full Name

Address (if different from applicant)

City State Zip

Home Number Cell phone

E-mail

Mother Step Mother Guardian
 Mrs. Dr. Ms. Other _____

Full Name

Address (if different from applicant)

City State Zip

Home Number Cell phone

E-mail

Please check any that apply:

- Parents divorced/separated Mother remarried Father remarried Single-parent household
 Mother deceased Father deceased Other (please specify) _____

Applicant is living with:

- Both Parents Father only Mother only Other (please specify) _____

School correspondence should be sent to:

- Both Parents Father only Mother only Other (please specify) _____

Please indicate who is responsible for school related decisions:

- Both Parents Father only Mother only Other (please specify) _____

Please indicate who is responsible for school bills:

- Both Parents Father only Mother only Other (please specify) _____

Who has custody of the applicant:

- Both Parents Father only Mother only Other (please specify) _____

Siblings:

<i>Name</i>	<i>Age</i>	<i>Grade</i>	<i>School</i>

Employment Information

Place of Employment – Father/Guardian

Title

Address

City *State* *Zip*

Work Number

E-mail

Place of Employment – Mother/Guardian

Title

Address

City *State* *Zip*

Work Number

E-mail

Parent/Guardian Questionnaire

1. What are your expectations for the schooling of your child?

2. Why do you think Paint Branch Montessori School is a good match for your child?

3. It is important for us to gain as thorough an understanding of your child as we can. Please describe your child as objectively as possible, including any special abilities or interests that your child has. (Please use additional paper if needed.)

4. Please give us any additional information about your child that will foster his/her learning with us.

5. Please list the birth history of your child and explain if there were any complications.

6. Is your child potty-trained? Yes No

7. How and when was potty training started and accomplished?

8. How did you learn about Paint Branch Montessori School?

PBMS Policy & Fee Agreement

1. **Trial Period:** All children are subject to a six week probationary period at their initial entry and at the beginning of each subsequent school year. The school reserves the right to ask any parent to withdraw their child at any time, for any reason and, at its complete discretion, reserves the right to deny, cancel or suspend a child's enrollment if deemed in the best interest of the child or the school.

2. **Application Fee:** The **non-refundable** \$100.00 application fee must be submitted with this application.

3. **Tuition Deposit:** Upon completion of a successful student visit and notification from the school office, a \$500.00 **non-refundable** deposit will need to be submitted to reserve your child's place for the 2009 – 2010 school year. Without the tuition deposit, your child is not guaranteed placement for the 2009 – 2010 school year. With continuous enrollment, the \$500.00 tuition deposit will be credited to the March 2010 tuition payment.

4. **Supply & Activity Fee:** A \$200.00 supply and activity fee for all students must be submitted with the July 2009 payment. The supply and activity fee covers all field trips, admission prices, and in-house field trips as well as daily snacks and supplies. All Upper Elementary overnight trips will be billed separately.

5. **Tuition Payments:** The first tuition payment is due on July 1st, 2009. The remaining tuition payments are due on November 2nd, 2009 and March 1st, 2010.

6. **Late Fee:** There is a late fee of **5% (per month)** of the amount due for a payment more than 3 days late. Tuition payments 10 days or more in arrears will result in the dismissal of your child from the program.

7. **Return Check Fee:** There is a **\$50.00** fee for payments returned due to insufficient funds. If a check is returned for insufficient funds, your future payments will need to be in the form of a bank check.

8. **Payment Options:** Payment may be made by cash or check. Payments by check may be mailed to the school. We do not accept debit or credit cards.

9. **Financial Obligations:** Contracts are to insure the stability of the school and are strictly enforced. Paint Branch Montessori School will not refund tuition or cancel unpaid obligations if the accepted student withdraws after the 6-week trial period. After the 6-week trial period, if you choose to withdraw your child before the school year is completed, you are still contractually responsible for the balance of the tuition payment and any legal fees incurred.

10. **Emergency Childcare:** Please contact the school office before dismissal time if you are not able to pick up your child by the designated dismissal time. Your child will be checked into After Care and you will be charged the daily drop-in rate of \$35.00. Payments for the After Care fee will be due, to the school office, on the day of service. Parents arriving after 3:30pm (without prior notification) will be charged a fee of \$5.00 per minute, with a minimum of \$15.00. Late fee payments will be due, to the school office, the following school day.

11. **Late Pick Up & Early Arrival Fee:** It must be understood that staff have professional and personal obligations before and after school hours. Therefore, parents who arrive before, or pick up after agreed upon arrival and dismissal times will incur overtime charges at the rate of \$5.00 per minute with a \$15.00 minimum charge.

12. **Authorization for Releasing Children:** Only persons listed on the student release form will be allowed to pick up your child, unless a prior authorization is provided.

13. **Health Records:** If your child has special needs or requirements please notify us in writing. No student will be admitted to the school unless we have complete Health Records.

14. **Medication:** PBMS Staff will administer medication only if we have the appropriate form filled out by the parent or doctor. Students with **allergies, asthma or medical conditions** must have a medication form completed and on file in the school office before the first day of school.

15. **Sick Child:** If a child becomes ill at school with vomiting, fever, headache, or shows any symptoms that we feel need attention, we expect the child to be picked up immediately. **See the School Handbook for complete details.**

16. **Non-discrimination:** PBMS does not discriminate on the basis of race, color, religion, or national origin in the admission of students, or employment of faculty and administrative staff.

17. **Falsified Information:** PBMS reserves the right to withdraw acceptance or dismiss the applicant from the school in case incomplete or incorrect information is provided. The information collected is confidential and is intended only for PBMS purposes.

18. **Hold Harmless Agreement:** Kirat Enterprises, Inc. will not be held responsible for accident or injury to the students(s) while they are in the classroom, on a field trip, or while they are on the way to the classroom or trip, except as shall be covered by the school insurance.

I have read and understand the PBMS Policy & Fee Agreement and will abide to the terms and conditions of this agreement.

X: _____ Date: _____
Signature of Parent/Guardian

Print Name of Parent/Guardian