



**New Student
Application
2011 – 2012**

10309 New Hampshire Avenue
Silver Spring, Maryland 20903
301-434-0373
info@pbmontessori.com
www.pbmontessori.com

Office use only:

Check #: _____ Date Received: _____ Staff Initial: _____

Please clearly print and completely fill out all information.

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

Student's Name: _____ Enrollment Date: _____
Last Name First Name Middle Name

Program Applying To

Primary:

- Full Day (8:45am – 2:45pm) All Day (7:30am – 6:00pm)
Drop off time: _____ Pick up time: _____

Kindergarten:

- Full Day (8:45am – 2:45pm) All Day (7:30am – 6:00pm)
Drop off time: _____ Pick up time: _____

Elementary:

- Full Day (8:45am – 2:45pm) All Day (7:30am – 6:00pm)
Drop off time: _____ Pick up time: _____

Discounts Applicable

Discounts: No further discounts are applicable on any of the All Day programs. Discounts may not be combined. PBMS offers the following discounts:

- 3% discount for siblings. The discount is applied to the tuition of the youngest sibling.
- 3% discount for tuition paid in full on July 1, 2011.
- 10% discount (per child) to military families or children of alumni.

Applicant Information

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 _____

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

Full Name: _____

Full Name: _____

Address (If different from applicant): _____

Address (If different from applicant): _____

Home Number: _____

Home Number: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father/Guardian Employment Information:

Place of Employment: _____

Title: _____

Address: _____

Work Number: _____

E-mail: _____

Mother/Guardian Employment Information:

Place of Employment: _____

Title: _____

Address: _____

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. **Cooperative Undertaking:** Education is recognized as a cooperative undertaking, a responsibility held jointly by the parents/guardians and the school. Upon signing this enrollment application, you agree along with the student to accept the full share of this responsibility, to maintain the academic standards and to discharge your obligations as cooperative members of the school community. These obligations include, but are not limited to participating in school activities, supporting the school's philosophy and policies, staying informed by reading school communications and communicating openly, constructively and in a civil manner with all school personnel. This contract may be cancelled and the student dismissed by the school in the event that the school determines that the parent(s)/guardian(s) is not supportive of the school's goals and policies and that a mutually beneficial relationship is no longer tenable.

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

4. **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 2011 – 2012 school year. Without the tuition deposit, your child is not guaranteed placement for the 2011 – 2012 school year. With continuous enrollment, the \$500.00 tuition deposit will be credited to the March 2012 tuition payment.

5. **Supply & Activity Fee:** A \$200.00 supply and activity fee for all students must be submitted with the July 2011 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.

6. **Tuition Payments:** The first tuition payment is due on July 1st, 2011. The remaining tuition payments are due on November 1st, 2011 and March 1st, 2012.

7. **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.

8. **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.

9. **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.

10. **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.

11. **Collection Fees:** In the event that the school undertakes collection procedures with respect to this contract, the parents/guardians will be responsible for and agree to pay the school all costs of collection, including but not limited to court costs and attorneys' fees.

12. **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 3:00pm (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.

13. **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.

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

15. **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.

16. **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.

17. **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.**

18. **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.

19. **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.

20. **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: _____
Signature of Parent/Guardian

Date: _____

Print Name of Parent/Guardian