

For Office Use:

Date Received	School Year	Applying For	\$50 Application Fee	\$500 Tuition Deposit	Tuition Agreement / FACTS Info Sent	Emergency/ Health-Form Sent	FACTS Enrollment	1st Tuition Paid
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**Primary Montessori
Day School**
14138 Travilah Road
Rockville, MD 20850
301-309-9532

Update Database	\$500 FACTS Credit 3rd Trimester	Tuition Agreement Received	Emergency/Health Form Received	Student Start Date	Room Assigned
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**Application For Admission:
2018-2019 School Year**

APPLICANT INFORMATION

Child's First Name _____ Middle _____ Last _____ Nickname _____

Date of Birth _____ Current Age _____ Sex (circle): Male / Female

Child's Home Address _____ City _____ State _____ Zip _____

Home Phone _____

Previous Daycare/School Experience _____ Does your child have an Epi-Pen? Circle: Yes / No

Medical Concerns or Allergies _____

Individuals authorized to pickup child at school: _____ (Relationship to Student)

Siblings (circle): Yes / No Ages: _____

From what source have you heard of this school? _____

Family Information - ALL SECTIONS BELOW MUST BE FILLED OUT.

<i>Father/Parent/Guardian 1</i>			
First Name	Last Name	Title (Mr. Mrs. Ms. Dr.)	
Place of Employment			
Employment Address			
City	State	Zip	
Occupation			
Business Phone		Cell Phone	
Email Address			

<i>Mother/Parent/Guardian 2</i>			
First Name	Last Name	Title (Mr. Mrs. Ms. Dr.)	
Place of Employment			
Employment Address			
City	State	Zip	
Occupation			
Business Phone		Cell Phone	
Email Address			

PROGRAM SELECTION

<p style="text-align: center;"><u>Select Program</u></p> <p><input type="checkbox"/> 'The-Twos' (2 year olds) - 3 days (Mon., Wed., Fri.)**</p> <p><input type="checkbox"/> 'The Twos' (2 year olds) - 5 days (Mon. - Fri.)</p> <p><input type="checkbox"/> Pre-Kindergarten (age 3 option) - 3 days (Mon, Wed, Fri.)**</p> <p><input type="checkbox"/> Pre-Kindergarten - 5 days (Mon. - Fri.)</p> <p><input type="checkbox"/> Kindergarten* - 5 days (Mon. - Fri.)</p> <p><input type="checkbox"/> Elementary - 5 days (Mon. - Fri.)</p> <p>* The Maryland State Department of Education requires children enrolled in Kindergarten to be 5 years old by September 1. However, in Montessori education, all students have the opportunity to work to their own interest and ability. Children who turn 5 in September may be given early admission into Kindergarten if capabilities warrant admission.</p> <p>**Full day schedules and Extended-Day/Early-Bird care <u>are available to those children on 5 day a week schedules only.</u></p>	<p style="text-align: center;"><u>11 Month Calendar and Hours</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> 8:45 - 12:00**</td> <td style="width: 50%;"><input type="checkbox"/> Early Bird: 7:30 - 8:45</td> </tr> <tr> <td><input type="checkbox"/> 8:45 - 3:00</td> <td><input type="checkbox"/> Extended Day: 3:00 - 6:30</td> </tr> </table> <p style="text-align: center;"><u>12 Month Calendar and Hours</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> 8:45 - 12:00**</td> <td style="width: 50%;"><input type="checkbox"/> Early Bird: 7:30 - 8:45</td> </tr> <tr> <td><input type="checkbox"/> 8:45 - 3:00</td> <td><input type="checkbox"/> Extended Day: 3:00 - 6:30</td> </tr> </table> <p>- The Early Bird program does not run during summer or holiday camp. - Extended-Day closes at 6:00pm instead of 6:30pm during summer or holiday camp.</p>	<input type="checkbox"/> 8:45 - 12:00**	<input type="checkbox"/> Early Bird: 7:30 - 8:45	<input type="checkbox"/> 8:45 - 3:00	<input type="checkbox"/> Extended Day: 3:00 - 6:30	<input type="checkbox"/> 8:45 - 12:00**	<input type="checkbox"/> Early Bird: 7:30 - 8:45	<input type="checkbox"/> 8:45 - 3:00	<input type="checkbox"/> Extended Day: 3:00 - 6:30
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ENROLLMENT CONTRACT

1. Pupils are registered for an entire year, or from the time they enter until the end of the school year.
2. After completing a school visit, parent applicants of each child must meet with the Head of School for the purpose of ensuring that each child's needs are met. Parents and school must have the support of mutual educational goals of the child as well. Parent meetings may be scheduled through the school office. Parent meetings are not required for re-enrollments or new siblings.
3. No refunds, adjustments, or deductions of any kind will be made from fees, charges or tuition paid, due to absence, or withdrawal, of any student after tuition payment is received by the school.
4. The school reserves the right to exclude, withdraw, or dismiss any student from classes or from the school for any cause whatsoever including but not limited to violation of any rules, regulations, or non-payment of fees and tuition deemed by the school to be in the best interest of the school or student.

I hereby apply for a place in Primary Montessori Day School for the school year beginning ____/____/____ and ending ____/____/____ .

I have enclosed the non-refundable application fee in the amount of \$50.00 (all students). I understand that upon acceptance, the annual tuition deposit of \$500.00 is required to hold a place. This deposit is credited to the April 1 trimester payment or March 1 installment payment and is non-refundable. I have read and understand the application fee and annual tuition deposit is non-refundable.

I understand that the tuition payments are due on July 1, December 1, and April 1, or as specified by the installment schedule. In the event a child is accepted during the school year, tuition is pro-rated and due upon acceptance. The philosophy of Primary Montessori Day School is to include all expenses into one school year tuition.

I have carefully read the foregoing, and in consideration of the reservation of a place for my child for the school year, I agree to comply with the terms expressed above, without exception, and to be bound by the school regulations and procedures as amended from time to time.

Today's Date: ____/____/____

1. _____
Parent or Guardian

2. _____
Parent or Guardian

Both parents must sign where applicable. Completed application and application are due.

For Office Use:

Accepted ____/____/____

By _____

*Make all checks payable to: Primary Montessori Day School.
 Please return to: Primary Montessori Day School
 14138 Travilah Road, Rockville, MD 20850*