

Michigan Montessori Children's Academy 2020-2021 ENROLLMENT FORM

Child's Name: _____ [] Male [] Female Birthdate: _____

Parents' Names: _____

Home Address: _____

Phone: (_____) _____ Desired Enrollment Date: _____

Child is Toilet Trained? _____ Yes _____ No _____ Will use bathroom, but needs reminders

Program(s) You Are Registering For:

_____ Primary (3-6yrs old) _____ Toddler

Toddler Program

Number of Days/Week: _____
Please Circle Days Preferred: M, T, W, Th, F

Hours: (Please check all that apply)

_____ Half-Day _____ Half-Day+Lunch _____ Full-Day _____ Before-School Care _____ After-School Care
(8:30-11:30AM) (8:30AM-12:30PM) (8:30-3:30PM) (7:00-8:30AM) (3:30PM-6PM)

The tuition fees reflect an academic school year from September through June. School will be closed during all national holidays and scheduled breaks. Admission is open to all individuals regardless of race, sex, religion, disability, or national origin.

A \$550 nonrefundable check (\$500 deposit towards the annual tuition + \$50 registration fee) is due with this enrollment form to be considered for placement. Please make checks payable to "Michigan Montessori Children's Academy".

Refund Policy: The registration fee and tuition deposit are non-refundable. Tuition is not subject to adjustment due to absence, vacation, illness, or school closings due to weather or holidays.

A late fee of \$25 will be applied to payments received 10 days or more after the due date. Accounts are considered delinquent after 25 calendar days and the student(s) will be excluded from class until accounts are current.

Please be advised that parents will be required to make all of the contractual payments. The school does not give tuition credit for prolonged absences or vacations that are scheduled during the academic year.

By signing this contract, I/we agree to the following:

1. I/We have received a copy of the Michigan Montessori Children's Academy (MMCA) Parent Handbook.
2. I/We have read the policies and understand that in signing this "Enrollment Form," that we agree to comply with the rules and regulations of MMCA and the financial tuition responsibility for our child.
3. I/We understand that the Handbook together with the Tuition Policy/Contract reflects the current policies and procedures of MMCA and that it replaces and supersedes any prior policies, procedures, or Handbooks.
4. I/We agree that I/we will conform to these policies and procedures and understand that these policies and benefits may be amended, modified, terminated, or replaced by MMCA.

Parent or Guardian's Signature: _____

Date: _____ Amount Enclosed: _____

Michigan Montessori Children's Academy

APPLICATION FORM

Application Date: _____

Requested Start Date: _____

Child's Name: _____
Last First Middle

For Office Use
Admission Date: _____ Withdrawal Date: _____

Residence located in _____ school district.

Previous school(s) or childcare experience(s):

_____ From _____ To _____

Does your child nap? _____

CHILD'S SIBLINGS:

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

PARENT INFORMATION:

Mother's Name: _____

Employer: _____ Job Title: _____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Work Hours: _____ E-mail Address: _____ Marital Status: _____

Father's Name: _____

Employer: _____ Job Title: _____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Work Hours: _____ E-mail Address: _____ Marital Status: _____

Information from the school should be emailed to: Mother Father Both

Billing should be emailed to: Mother Father Both

Do both parents have legal guardianship of the child? Yes No

If no, please identify the custodial parent _____

FOR NEW REGISTRANTS ONLY:

How did you hear of our Montessori School?

Internet Drive By Direct Mailer Friend/Family _____

Other _____



TUITION PAYMENT SCHEDULE (please choose one):

- Plan A:** Lump Sum w/ 3% Discount
- Plan B:** Semi-Annual Payments
- Plan C:** Quarterly Payments
- Plan D:** Monthly Payments

MEDICAL RELEASE

I hereby declare that I am the parent or legal guardian of the above-named child. I give my consent, in the event that all reasonable attempts to contact me or designated persons have been unsuccessful, for Michigan Montessori Children’s Academy personnel to seek treatment by the preferred physician, or in the event the preferred practitioner is not available, by another licensed person. I hereby release and discharge Michigan Montessori Children’s Academy, its agents, employees, and officers, from all claims, demands, actions or judgments which the undersigned ever had, now has or may have against the school, its successors or assigned, for all personal injuries or illness, which the child named above may suffer or incur as a result of the actions of Michigan Montessori Children’s Academy or in procuring medical treatment.

I certify that the child named above is in good health and free from any communicable disease or illness.

LUNCH AGREEMENT

I agree to provide formula, milk, or food for my child while he/she is attending Michigan Montessori Children’s Academy (MMCA). I grant permission for MMCA to give my child food other than what is provided from home.

I would like to enroll my child. I hereby give prior approval and grant permission for the following:
(please check the boxes below)

- for my child to participate in any school activities and use all of the school equipment.
- for the school and/or staff to secure emergency medical care and understand that the expenses incurred during the emergency will be the responsibility of the parent/guardian of the child.
- to release my name, address, and phone number for the school directory.
- for my child to be photographed and consent to the use of these photographs by Michigan Montessori Children’s Academy (MMCA) without compensation to me, in ways MMCA may deem necessary and appropriate to promote the program, its purpose, and goals.
- to release the school and/or staff of any responsibility due to reactions from allergies or any other medical conditions.
- I have read the Tuition policy and Parent Handbook and agree to abide by the same.

My signature below affirms that I have read, understand and accept the terms and conditions of this agreement.

Signed: _____
Parent or Guardian

Date