



MDS USE ONLY: Rec'd

Campus:

Class:

APPLICATION FOR CHARTER STUDENT ADMISSION 2014-2015*Please print!*

START DATE: _____ GRADE APPLYING FOR: _____

PROGRAM SELECTED: _____ Half Day K(8:30-11:30) _____ Full Academic Day _____ Extended Day(8:00-4:30) _____ All Day(7:00-6:00)

Place of Birth: City

State

Country

RETURNING STUDENT? _____ Yes _____ No IF YES, PREVIOUS CAMPUS/TEACHER: _____

CHILD'S FULL NAME: _____ BIRTHDATE: _____ M F

ADDRESS: _____ CITY/ZIP: _____

PHONE: _____ LEGAL LAST NAME (if different from above): _____

LANGUAGE: What is the primary language used in the home regardless of the language spoken by the student? _____ What is the language most often spoken by the student? _____ What is the language that the student first acquired? _____**REQUIRED BY LAW > Ethnicity:** Is this student Hispanic/Latino? (choose only one) _____ No _____ Yes**Race: (choose one or more)** _____ White _____ Black _____ American Indian/Alaska Native _____ Asian _____ Native Hawaiian/Pacific Islander**MOTHER/GUARDIAN'S NAME:** _____

ADDRESS: _____ CITY/ZIP: _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL NUMBER:** _____

EMPLOYER: _____ OCCUPATION: _____

E-MAIL ADDRESS: _____ RELATION TO CHILD: _____**FATHER/GUARDIAN'S NAME:** _____

ADDRESS: _____ CITY/ZIP: _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL NUMBER:** _____

EMPLOYER: _____ OCCUPATION: _____

E-MAIL ADDRESS: _____ RELATION TO CHILD: _____

CHILD LIVES PRIMARILY WITH (mark all that apply): _____ Mother _____ Father _____ Step-Parent (name: _____)

_____ Grandparent (_____) _____ Foster family (_____) _____ Other (_____)

IF DIVORCED, DO YOU HAVE JOINT LEGAL CUSTODY? _____ Yes _____ No IF NO, DO YOU HAVE CUSTODY DOCUMENTS? _____ Yes _____ No

****(You must provide a copy of official documents that state custody arrangement.)**

PLEASE DESCRIBE VISITATION ARRANGEMENTS: _____

NAMES AND AGES OF SIBLINGS: _____

Please describe any special family needs, conditions or circumstances _____

PLEASE INDICATE ALL FORMER SCHOOLS CHILD HAS ATTENDED:

NAME OF SCHOOL	CITY	DATES ATTENDED	REASON FOR LEAVING

HAS YOUR CHILD EVER BEEN TESTED FOR **SPECIAL SERVICES**? ____Yes ____No If yes, please describe: _____

DOES YOUR CHILD HAVE A CURRENT IEP? ____Yes ____No **A 504 PLAN?** ____Yes ____No **An ILLP?** ____Yes ____No

HAS YOUR CHILD EVER BEEN EXPELLED OR SUSPENDED FROM SCHOOL? ____Yes ____No If yes, please give dates, school name, and circumstances _____

DO YOU GIVE PERMISSION FOR YOUR NAME AND PHONE NUMBER TO BE PUBLISHED IN THE SCHOOL ROSTER? ____Yes ____No

DO YOU WISH TO ALLOW YOUR TELEPHONE AUTHORIZATION FOR RELEASE OF YOUR CHILD TO THE PERSON(S) NAMED ON THE EMERGENCY CARD? ____YES ____NO IF YES, DATE: _____ SIGNATURE: _____

PLEASE CHECK AS APPLICABLE: I GIVE PERMISSION FOR MY CHILD TO HAVE HIS/HER PICTURE TAKEN AND USED ON OUR WEB SITES____ SCHOOL YEARBOOK____ SCHOOL NEWSLETTER____ PUBLIC RELATIONS/PUBLICITY MATERIALS____.

FOR AREAS ABOVE CHECKED YES, DATE: _____ SIGNATURE: _____

I understand that in the event of an emergency my child will be taken to the nearest hospital or emergency center for treatment. The staff will attempt to contact me prior to arranging transportation, if circumstances permit.

Signature _____ Date _____

Printed Name _____

I wish to apply for my child's admission/readmission to Montessori Day Schools. The information provided is correct and true to the best of my knowledge.

Parent/Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

MONTESSORI DAY SCHOOLS DOES NOT DISCRIMINATE BASED ON RACE, GENDER, RELIGION, COLOR, NATIONAL OR ETHNIC ORIGIN.



2014-2015 TUITION AND FEE SCHEDULE

All parents are expected to contribute 40 hours of volunteer time per family, per year. This supports and models core Montessori values of helpfulness and service and, for charter parents, makes it possible for tuition-free elementary to continue. For tuition-paying parents: in keeping with our goals of actively supporting parent involvement, the student's billing account will be credited up to \$40/month, as follows: \$20 for each Parent Partners Evening attended, and \$10 for each hour of approved parent participation as listed on Parent Participation Vouchers

Primary Program (3 - 4 yrs)

Half Day (8:30am – 11:30am)
Full Day (8:30am – 2:45pm)
Extended Day (8:00 am – 4:30pm)
All Day (7:00am – 6:00pm)

Tuition/Monthly Payment

\$600
\$720
\$765
\$865

Kindergarten Program

Half Day (8:30am – 11:30am)
Full Day (8:30am – 2:45pm)
Extended Day (8:00 am – 4:30pm)
All Day (7:00am – 6:00pm)

Tuition/Monthly Payment

Charter: No Tuition Charge
\$200
\$400
\$575

Elementary Program (Grades 1 – 6)

Academic Day (8:30am – 3:15pm)
Extended Day (8:00am – 4:30pm)
All Day (7:00am – 6:00pm)

Tuition/Monthly Payment

Charter: No Tuition Charge
\$215
\$390

Middle School Program (Mountainside Campus)

Academic Day (8:00am – 3:15pm)

Tuition/Monthly Payment

Charter: No Tuition Charge

Monthly payments are based on one full academic year's charges divided into ten (10) equal installments. Should you enroll any time after the first day of school, there will be a prorated charge in addition to the first monthly payment. This amount is calculated on a daily rate and is due upon enrollment. If you withdraw your child before the end of the school year, your final bill will also be prorated. Each payment is **due on the 15th of the month**. A late fee of \$15 must be paid for payments made after the 15th of the month.

Extracurricular Activities such as Music, Art, Sports are offered on a per-term basis (September – December and January – May). Fees for participation in these activities can be offset by taking advantage of Arizona's Extracurricular Tax Credit. Extracurricular activities offered are individualized per campus and listed separately.

Sibling After-School Activities

For parent convenience, children not enrolled in the Extended Day or All Day program but who have siblings in after-school activities may participate in the Extended Day Program, for the duration of the after-school activity, for \$50.00 per session/activity.

Periodic Extended Care (depends on staffing availability) \$20.00 per day of use

Periodic extended care MAY NOT be available depending on our staffing for that day.

LATE PICK UP FEES: Pick up from school **after 6:00 pm or more than 10 minutes after any dismissal or pick-up time** will result in a late charge of **\$20.00 plus \$1.00 for each minute the child remains at the school beyond 6:00 pm or beyond the dismissal time.**



CHARTER STUDENT ENROLLMENT CONTRACT
2014-2015 ACADEMIC YEAR

I (We), _____, wish to enroll the following child, _____, in Montessori Day Schools ("MDS") for the 2013-2014 academic year. I (We) understand that in signing this contract I (we) agree to abide by all MDS policies including those contained in the MDS Parent Handbook and assume full financial responsibility for payment of fees set forth below as well as all other contractual obligations. Furthermore, I (we) agree that, in the event of default in the payment of any installment provided for in this contract, the above student will not be allowed to continue in the program selected without approval from the Campus Director and the Executive Director and that the undersigned will be responsible for all attorney's fees and reasonable costs of collection for any outstanding amounts due under this contract.

Tuition and fees are based on a **10-month** academic year which runs from August to June. Enrollment in the academic year program is automatic enrollment for the entire year and constitutes a contractual responsibility for the entire year's tuition and/or fees in the amount of \$_____ according to the attached Tuition and Fee Schedule. Tuition and/or fees are payable according to the terms outlined below. Enrollment after the 1st day of school will result in tuition and/or fees being prorated based on days remaining in the academic year.

PROGRAM SELECTED: _____

PAYMENT TERMS:

Ten (10) equal payments in the amount of _____ (\$_____) payable on the 15th calendar day of each month beginning August 15, 2013. If the student is enrolled after the 1st day of school, the first tuition/fees payment will be prorated separately and will be payable upon enrollment. A ten percent (10%) late charge must be paid for payments made after the due date. If the past due tuition/fees and late charge are not paid in full within ten (10) calendar days of the due date, the student will not be permitted to attend the MDS program selected until all past due charges are paid in full. Tuition/fees that are thirty (30) or more days past due will result in termination of the child's enrollment and the initiation of legal action.

ADDITIONAL TERMS AND CONDITIONS

Inclusions. This Contract includes the Tuition and Fee Schedule, the School-Parent-Student Compact, and the Parent Handbook and any amendments and/or additions that may be made from time to time.

Non-Refundable Deposit. A \$75 *non-refundable* deposit is required to ensure your child's place in the MDS program selected. The deposit is credited to the final fees payment due or carried over to the next academic year *only upon compliance with all terms of this Contract* and is non-refundable regardless of the reason for withdrawal or termination of enrollment.

Please initial _____

Returned Checks. A \$25.00 charge will be made for all returned checks. If a check is returned, all future payments will have to be made by cash, money order or cashier's check. *Please initial* _____

Termination of Enrollment by MDS. Each child is accepted into MDS programs on a provisional basis. If MDS determines for any reason that MDS cannot meet the needs of your child and chooses to terminate that child's enrollment, tuition/fees will be computed on a daily basis and the remainder of the tuition/fees already paid, for attendance days occurring after the date the child's enrollment was terminated, minus any prepayment charges, will be refunded. *Withdrawal by the parent/guardian requires a thirty (30) day written notice in order to receive a refund.*

Termination of Enrollment by Parent/Guardian. If the parent/guardian chooses to withdraw the child from the MDS program selected, the parent/guardian must submit a **thirty (30) day written notice** to MDS in order to receive a tuition/fees refund. The refund of prepaid tuition/fees will be for that time period *beginning thirty (30) days after written notice was given and will not include any time period during which the child was enrolled in the MDS program.* Written notice is deemed given when it is actually received by the MDS office.
TUITION/FEES ARE NOT REFUNDABLE FOR ABSENCES DUE TO ILLNESS OR ANY OTHER REASON.

Guidelines. Parents/Guardians must follow the guidelines and rules set forth in the Parent Handbook and in the SCHOOL-PARENT-STUDENT COMPACT, including any and all amendments or additions that may be made from time to time. Failure to observe these rules and guidelines may be grounds for immediate dismissal of your child.

Acknowledgement. I (We) understand that by signing this Contract, I (we) agree to be bound by the terms of this Contract and acknowledge that (a) I (we) understand all the terms of this contract; (b) I (we) have had the opportunity to ask all questions and have received satisfactory answers to those questions; (c) I (we) am (are) not relying on any representations or warranties not set forth in this Contract; and (d) no person at MDS has made any statements on which the undersigned is relying in executing and entering into this Contract.

Parent/Guardian Signature

Parent/Guardian Signature

Printed name

Date

Printed name

Date

Social Security Number

Social Security Number



Received by MDS: _____
(Signature of MDS representative) (Title)

(Print name) (Date)