

**2017-2018 Primary Tuition and Fee Schedule**

Application Fee (due w/ application, annual, per family).....\$50  
Family Registration (annual, per family, upon acceptance).....\$250

\*Non-Refundable

**Current students are automatically re-enrolled upon return of application, pending payment of fees, unless otherwise notified.**

---

**Morning Class** (9:00-12:00) 3-4 ½ years old.....\$490/per month  
*\*child must be completely independent in the restroom* (\$4,900 per school year)  
**Extended Day Program** (9:00-2:30) 4 ½ -6 years old.....\$630/per month  
*\*with recommendation of classroom director* (\$6,300 per school year)  
**Material/Activity Fee** (due September 10<sup>th</sup>, annual, per student).....\$50

---

**Early Morning/After School Care** (Paid with each Tuition payment)

Early Morning Drop-Off (7:30am).....\$30/per month **(\$300 per year)**  
Rainbow Class After School (3-4 ½ yrs) 12:00-2:30.....\$250/per month **(\$2,500 per year)**  
Rainbow Class After School (3-4 ½ yrs) 1200:-5:30.....\$320/per month **(\$3,200 per year)**  
Extended Day After School (4 ½ -6 yrs) 2:30-5:30.....\$180/per month **(\$1,800 per year)**  
**\*DAYCARE ENDS PROMPTLY AT 5:30 (\$20 LATE FEE). Disciplinary issues or repeated late pick up will be grounds for After School withdrawal.**

---

**Tuition Payment Options**

- 1. Monthly** - 10 installments (1<sup>st</sup> payment in June)(2<sup>nd</sup> -5<sup>th</sup> August-November)(6<sup>th</sup> -10<sup>th</sup> January-May)  
*\*if paying monthly, there is no December payment due.*
- 2. Quarterly** - June, September, December and March
- 3. Annually** - 2.5% discount on tuition (not daycare), **due in June**

2% late fee applied after the 10<sup>th</sup> of the month.

---

**All Students:** No medication will be given to any child without a signed **Medication Form** available in the office or **athensmontessori.org**. The **Medication Form and medication must be given to the office each day and picked up** at the end of the day unless otherwise noted.

**The mission of the Athens Montessori School is to provide the highest quality Montessori education to children ages three years through fourteen years. Our aim is to provide programs that will create wholesome experiences for the parent and child in the areas of education, social, emotional, and physical development.**

**The Athens Montessori School is a nonprofit organization and depends solely on tuition and donations for all its operating expenses.**

**WE ARE REQUIRED BY GEORGIA STATE LAW TO HAVE A COMPLETED/UPDATED APPLICATION AND  
A CURRENT IMMUNIZATION FORM (3231) ON FILE.**

**PARENT COPY**

## Payment Guidelines

**FOR NEW APPLICANTS:** A one-time, non-refundable \$50 application fee due with application. We accept applications year round. A non-refundable annual registration fee of \$250 is due upon acceptance and annually thereafter during the re-enrollment process.

**FOR RETURNING STUDENTS OR SIBLINGS:** A non-refundable application fee (\$50) and registration fee (\$250), along with a completed/signed contract must be received **before January 2017** to reserve a place for the upcoming school year. Current students are automatically re-enrolled upon return of application, pending payment of fees, unless otherwise notified.

### **PAYMENT SCHEDULE:**

**PLAN I:** Payment is due **MONTHLY**, in 10 installments, due before the 10<sup>th</sup> of the month.  
2% late fee applied to account after the 10<sup>th</sup>.  
(First payment due in **JUNE**)(2<sup>nd</sup>-4<sup>th</sup> **AUGUST-NOVEMBER**)(5<sup>TH</sup>-10<sup>TH</sup> **JANUARY-MAY**)  
**\*If paying monthly, there is no December payment.**

**PLAN II: QUARTERLY** payments are due in **JUNE, SEPTEMBER, DECEMBER and MARCH.**

**PLAN III: ANNUAL** payments will receive a 2.5 % discount on tuition (*not applicable for early morning or after school care*). **Due in JUNE.**

**TUITION/FEES** paid to AMS are based on 180 school days.

**A SIBLING DISCOUNT** of 10% will be applied to the youngest sibling's tuition.

**A STUDENTS ACCOUNT** must be current on June 10<sup>th</sup> for the student's place to be held.

**EVEN THOUGH** some new students do not begin school until the second or third week of school, the tuition is based on a place being held for that student and no refund or credit will be given for that time.

**A STUDENT** may not attend classes if his/her account is 60 days past due. Other conditions and terms of credit, collection and financing are available through the Administrative Office at (706)549-8490 Ext. 0.

**ONCE YOUR FIRST TUITION PAYMENT** has been submitted, you are financially responsible for the entire academic year. Athens Montessori's fiscal school year begins in June. **No refunds will be made if a student leaves during the school year.**

**ACCOUNTS WITH OUTSTANDING BALANCES** are reviewed by the Board of Directors. If a family has a history of chronic delinquency (defined to be the occurrence of at least one incident of "60 days past due" in the previous 12 months), the Board of Directors, in its sole discretion, may **(a)** decline to enroll a student for succeeding academic years, or **(b)** require payment in full prior to the start of school.

**WE ARE REQUIRED BY GEORGIA STATE LAW TO HAVE A COMPLETED/UPDATED APPLICATION AND  
A CURRENT IMMUNIZATION FORM (3231) ON FILE.**

**2017-2018 Primary Application for Admission**

**Morning Class** \_\_\_\_\_ **Extended Day** \_\_\_\_\_  
(3-4 ½ yrs 9-12pm) (4 ½-6 yrs 9-2:30)

**Childs Name** \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (nickname) \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Allergy/Medical Information** \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

Current Medications Prescribed \_\_\_\_\_ General Health of Child \_\_\_\_\_

**Medication may not be given to any child without a signed Medication form, available in the office or online.**

**Father/Mother/Legal Guardian** (circle one)

**Father/Mother/Legal Guardian** (circle one)

\_\_\_\_\_  
Address \_\_\_\_\_  
(if different than child)

\_\_\_\_\_  
Address \_\_\_\_\_  
(if different than child)

\_\_\_\_\_  
Home Phone \_\_\_\_\_

\_\_\_\_\_  
Home Phone \_\_\_\_\_

\_\_\_\_\_  
Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Cell Phone \_\_\_\_\_

\_\_\_\_\_  
E-Mail \_\_\_\_\_

\_\_\_\_\_  
E-Mail \_\_\_\_\_

\_\_\_\_\_  
Occupation \_\_\_\_\_

\_\_\_\_\_  
Occupation \_\_\_\_\_

\_\_\_\_\_  
Employer \_\_\_\_\_

\_\_\_\_\_  
Employer \_\_\_\_\_

\_\_\_\_\_  
Employer Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
Employer Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) \_\_\_\_\_ (Zip) \_\_\_\_\_

\_\_\_\_\_  
(City) \_\_\_\_\_ (Zip) \_\_\_\_\_

\_\_\_\_\_  
Work Phone \_\_\_\_\_

\_\_\_\_\_  
Hobbies/Talents \_\_\_\_\_

**Marital Status of Parents:** \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

Living Arrangements of Child \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_\_\_ Other (please explain)

**After School Care:**  
\_\_\_\_\_ **Early Morning Drop-Off (7:30am)**  
\_\_\_\_\_ **12:00-2:30 Rainbow Class (3-4 ½ yrs)**  
\_\_\_\_\_ **12:00-5:30 Rainbow Class (3- 4 ½ yrs)**  
\_\_\_\_\_ **2:30-5:30 Extended Day Daycare (4 ½ -6 yrs)**  
\_\_\_\_\_ **No After School Care Required**

**Payment Option:**  
\_\_\_\_\_ **Monthly**  
\_\_\_\_\_ **Quarterly**  
\_\_\_\_\_ **Annually**

**WE ARE REQUIRED BY GEORGIA STATE LAW TO HAVE A COMPLETED/UPDATED APPLICATION AND A CURRENT IMMUNIZATION FORM (3231) ON FILE.**

Child's Name \_\_\_\_\_  
(last) (first) (middle) (nickname)

**Record of Previous Schools**

Age	Years Attended	School and City	Level

**\*\*Please Send Current Records to Athens Montessori School, Attention Admissions**

Educational or Psychological Evaluations Completed \_\_\_\_No \_\_\_\_Yes (if yes, evaluations must be reviewed prior to acceptance)

**I understand that my child must be fully independent in the restroom by the beginning of classes\_\_\_\_\_ (initial)**

Person Responsible for Billing\_\_\_\_\_

Primary Language (other than English)\_\_\_\_\_Special Accommodations Required\_\_\_\_\_

**Grandparents**

Paternal\_\_\_\_\_ Maternal\_\_\_\_\_

Address\_\_\_\_\_ Address\_\_\_\_\_

**Name & Age of Siblings**\_\_\_\_\_

How did you hear about Athens Montessori School?\_\_\_\_\_

Why did you select Athens Montessori School for your child's education?\_\_\_\_\_

**I anticipate my child attending:** \_\_\_\_AMS Elementary \_\_\_\_AMS Middle School  
\_\_\_\_Public Kindergarten \_\_\_\_Public Elementary \_\_\_\_Public Middle \_\_\_\_\_Other

**School Directory (please initial):**

\_\_\_\_\_ **I approve** the publication of my home address/home and/or cell number/email in the school directory.  
Parent names will appear as they are on p.1 of application

\_\_\_\_\_ **I do not wish** to be included in the school directory.

**I hereby request enrollment for my child. Upon acceptance and payment of Registration fees to Athens Montessori School, Inc., I understand I am liable for the entire year's tuition. All fees (and tuition) are non-refundable. (Athens Montessori School reserves the right to reduce fees upon written request due to withdrawal for unforeseen circumstances)**

**I Accept the Terms of Enrollment**\_\_\_\_\_ **Date**\_\_\_\_\_  
(Parent/ Legal Guardian Signature)

**Date Applying For**\_\_\_\_\_

Please include the Application Fee of \$50 with this application Check #\_\_\_\_\_

**Athens Montessori School, Inc. does not discriminate with respect to race, creed, color, sex or national origin.**

**WE ARE REQUIRED BY GEORGIA STATE LAW TO HAVE A COMPLETED/UPDATED APPLICATION AND A CURRENT IMMUNIZATION FORM (3231) ON FILE.**

**2017-2018 FIELD TRIP and EMERGENCY MEDICAL CARE PERMISSION**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Office# \_\_\_\_\_ Office# \_\_\_\_\_

**My child is in: Early AM Daycare(7:30)\_\_\_ Rainbow Room (2:30)\_\_\_ (5:30)\_\_\_ Extended Day Daycare (5:30)\_\_\_**

**I hereby grant permission for my child, enrolled in Athens Montessori School, to travel in a school van or other authorized vehicle on scheduled field trips while attending school. I understand I will be notified of all field trips.**

**State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Our policy, in the event of a medical emergency is to contact you first. If we can't contact you we will try to contact others you may designate. In the event we are unable to contact you or your designated representative, or if medical emergency warrants immediate response, we will act on your behalf and in the best interest of the child. Please sign to acknowledge this statement.**

**Signature Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_**

**Student Allergy & Medical Information \_\_\_\_\_**  
Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

Doctor \_\_\_\_\_ Phone# \_\_\_\_\_ Dentist \_\_\_\_\_ Phone# \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

**Emergency Contacts and Child Release Information (in case of illness or injury when parents cannot be located): Three contacts are required - please print clearly**

1. \_\_\_\_\_ Pick-up \_\_\_\_\_  
(Name) (Street) (City) (State) (Zip) (Daytime Phone) (Relation)

2. \_\_\_\_\_ Pick-up \_\_\_\_\_  
(Name) (Street) (City) (State) (Zip) (Daytime Phone) (Relation)

3. \_\_\_\_\_ Pick-up \_\_\_\_\_  
(Name) (Street) (City) (State) (Zip) (Daytime Phone) (Relation)

**Nearest Living Relative (other than parent)**

\_\_\_\_\_  
(Name) (Relation) (Home) (Cell) (Office)

My child may not be released to the following per court order \_\_\_\_\_

**I understand I am responsible for updating this information \_\_\_\_\_**  
(Parent/ Legal Guardian Signature)

**WE ARE REQUIRED BY GEORGIA STATE LAW TO HAVE A COMPLETED/UPDATED APPLICATION AND A CURRENT IMMUNIZATION FORM (3231) ON FILE.**

**2017-2018 After School Care**  
**Primary Ages 3-6**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies/Medications \_\_\_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe \_\_\_  
**Medication may not be given to any child without a signed Medication Form, available in the office or online.**

**Parent's/Legal Guardians**

\_\_\_\_\_ Home # \_\_\_\_\_ Office # \_\_\_\_\_ Cell # \_\_\_\_\_  
Relation Name

\_\_\_\_\_ Home # \_\_\_\_\_ Office # \_\_\_\_\_ Cell # \_\_\_\_\_  
Relation Name

**\*Children must be completely independent in the restroom to attend Athens Montessori School AND After School Programs.**

**Early Morning Child Care 7:30am \_\_\_\_\_ \$30 per month (\$300 per year)**

**Students enrolled in the Morning Program - 3-4 ½ years of age (9:00-12:00) may attend:**

**Rainbow Room (12:00-2:30) \_\_\_\_\_ \$250/per month (\$2,500 per year)**

**Rainbow Room (12:00-5:30) \_\_\_\_\_ \$320/per month (\$3,200 per year)**

Rainbow Room lunch will consist of a hot meal and 4oz. of milk (please send substitute if necessary) served to Rainbow Room children only, in accordance with Department of Human Resources Rule (290-2-1-08). A weekly menu will be posted on the Rainbow Room door. A daily snack will be provided. Rest and nap period will be part of our daily routine (290-2-1-07).

We encourage the child to bring a kit (no paper bags) with a toothbrush, toothpaste, brush or comb, all with name clearly marked in ink.

**Students enrolled in Extended Day Program - 4 ½ -6 years of age (9:00-2:30) may attend:**

**Extended Day After School Care (2:30-5:30) \_\_\_\_\_ \$180/per month (\$1,800 per year)**

\*A daily afternoon snack will be provided.

**After School Care is available on school days, 5 days a week from 12:00pm until 5:30pm**

**The After School Care Center is licensed by Georgia Department of Human Resources and conducted in accordance with Montessori philosophy.**

**Please provide a seasonally appropriate change of clothing for your child. Please note that weather permitting, students are outside each day. PLEASE DO NOT SEND TOYS to school without prior Teacher consent.**

**Please notify the office in case of serious illness or any sort of communicable disease (chickenpox, measles, flu, colds, etc.)**

**After School Care ENDS PROMPTLY AT 2:30/5:30 (\$20 LATE FEE). Repeated tardiness will be grounds for After School withdrawal. Fees paid to AMS (annual discounts do not apply) beginning with the June Tuition payment.**

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**WE ARE REQUIRED BY GEORGIA STATE LAW TO HAVE A COMPLETED/UPDATED APPLICATION AND A CURRENT IMMUNIZATION FORM (3231) ON FILE.**