
2017-2018 Elementary Tuition and Fee Schedule

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

*Non-Refundable

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

Elementary Program (8:30-3:00)\$750/per month
(**\$7,500 per school year**)

Material /Activity Fee (due September 10th, annual, per student)

Lower Elementary (6-9 year olds).....\$100
Upper Elementary (9-12 year olds).....\$150

Elementary Child Care (Paid with each Tuition payment)

Early Morning Drop-Off (7:30am).....\$30/per month (**\$300 per year**)

Elementary After School Care (3:00-5:30).....\$180/per month (**\$1,800 per year**)

***AFTER SCHOOL CARE 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 (1st payment in June)(2nd -5th August-November)(6th -10th 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 10th 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 20th** 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 10th of the month. 2% late fee applied to account after the 10th.
(First payment due in **JUNE**)(2nd-4th **AUGUST-NOVEMBER**)(5TH-10TH **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 10th 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.

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2017-2018 Elementary Application for Admission - Ages 6-9 & 9-12 (8:30am-3:00pm)

Child's 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 _____

Work Phone _____

Hobbies/Talents _____

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)**
_____ **Elementary After School Care (3:00-5:30)**
_____ **No After School Care Required**

Payment Option: _____ **Monthly**
_____ **Quarterly**
_____ **Annually**

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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 Morning Child Care (7:30am) _____ Elementary/Middle After School Care (3:00-5:30) _____

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 Contact 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)

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2017-2018 After School Care
Elementary

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

_____ **Yes my child will need Early Morning Daycare 7:30am / \$30 per month (\$300 per year)**

_____ **Yes my child will need After School Care 3:00-5:30pm / \$180 per month (\$1800 per year)**

***An afternoon snack will be provided**

AFTER SCHOOL CARE ENDS PROMPTLY AT 5:30pm (\$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.**

We ask that pick-up be prompt as many of our after school employees attend school or have evening jobs. In the event that you are late and a staff member cannot stay with your child, he will be delivered to a Director's home.

My child carools with the following families:

Name Phone Child /Classroom

Name Phone Child /Classroom

Name Phone Child /Classroom

The After School Care program is licensed by the Georgia Department of Human Resources.

After School Care is available on school days, 5 days a week from 3:00pm until 5:30pm.

Please provide seasonally appropriate clothing for your child. Weather permitting, students are outside each day.

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

Parent/Legal Guardian _____ Date _____
Signature

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