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## 2018-2019 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.**

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**Elementary Program (8:30-3:00)** .....\$780 per month  
(\$7,800 per school year)

**Material and Activity Fee** (due September 10<sup>th</sup>, annual, per student)

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

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

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

Early Morning Drop-Off (7:30am).....\$35/per month (**\$350 per year**)

Elementary After School Care (3:00-5:30).....\$200/per month (**\$2,000 per year**)

**\*AFTER SCHOOL CARE ENDS PROMPTLY AT 5:30 (\$20 LATE FEE). Repeated tardiness will be grounds for After School withdrawal.**

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### **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 aftercare), **due in June**

A 2% late fee will be applied to the balance due on your account if paid after the 10<sup>th</sup> of the month.

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**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**

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**Athens Montessori School, Inc.**  
3145 Barnett Shoals Road Athens, GA 30605  
info@athensmontessori.com

### **Payment Guidelines**

**FOR NEW APPLICANTS:** A one-time, non-refundable \$50 application fee is due upon submission of each application. We accept applications year round and add children to the wait list as of the date we receive their applications. A non-refundable annual registration fee of \$250 is due upon admission 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 is **due on January 23** 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.

A 2% late fee will be applied to the balance due on your account if paid 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.**

**IF A FAMILY has a history of chronic delinquency** (defined to be the occurrence of at least one incident of "60 days past due" condition 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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**2018-2019 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 \_\_\_\_\_

**All Students: No medication will be given to any child without a signed Medication Form, available in the office.**

**Father/Legal Guardian**

**Mother/Legal Guardian**

\_\_\_\_\_  
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 \_\_\_\_\_



\_\_\_\_\_ I **approve** the publication of my home address/home and/or cell number/email in the school directory

\_\_\_\_\_ 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.**

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## **2018-2019 FIELD TRIP and EMERGENCY MEDICAL CARE PERMISSION**

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

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

Father/Legal Guardian \_\_\_\_\_ Mother/Legal Guardian \_\_\_\_\_

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

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

**Applied for: 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/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 are required - please print clearly**

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

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

3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Daytime Phone) \_\_\_\_\_ Pick-up (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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**2018-2019 After School Care  
Elementary**

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

Allergies/Medications \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_  
**\*\*No medication will be given to any child without a signed Medication Form, available in the office.**

**Parent's/Legal Guardians**

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

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

\_\_\_\_\_ **Yes my child will need Early Morning Daycare 7:30am / \$35 per month (\$350 per year)**

\_\_\_\_\_ **Yes my child will need After School Care 3:00-5:30pm / \$200 per month (\$2000 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.

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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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