

2018-2019 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 *with recommendation of classroom director*

\$500/per month

***child must be completely independent in the restroom**

(\$5,000 per

school year)

Extended Day Program (9:00-2:30) 4 ½ -6 years old.....\$660/per month

***with recommendation of classroom director**

(\$6,600 per

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

.....\$50

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

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

Rainbow Class After School (3-4 ½ yrs) 12:00-2:30.....\$280/per month **(\$2,800 per year)**

Rainbow Class After School (3-4 ½ yrs) 1200:-5:30.....\$350/per month **(\$3,500 per year)**

Extended Day After School (4 ½ -6 yrs) 2:30-5:30..... \$190/per month **(\$1,900 per year)**

***AFTERCARE 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 aftercare), **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

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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 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 23, 2018** 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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2018-2019 Primary Application for Admission

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)**
 _____ **Quarterly**
 _____ **2:30-5:30 Extended Day Daycare (4 ½ -6 yrs)**
 _____ **No After School Care Required**

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

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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

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 _____

Parent/Legal Guardian _____ Parent/Legal Guardian _____

Home# _____ Cell# _____ Home # _____ Cell# _____

Office# _____ Office# _____

My child is applying for: 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)

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2018-2019 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

Relation Name Home # _____ Office # _____ Cell # _____

Relation Name Home # _____ Office # _____ Cell # _____

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

Early Morning Child Care 7:30am _____ \$35 per month (\$350 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) _____ \$280/per month (\$2,800 per year)

Rainbow Room (12:00-5:30) _____ \$350/per month (\$3,500 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) _____ \$190/per month (\$1,900 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/LegalGuardian _____ Date _____

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