NESHAMINY
MONTESSORI

PRE-PRIMARY PROGRAM AGREEMENT

CHILD'S NAME: _____

Please check appropriate program

						10 PAYMENTS OF TUITION (IN DOLLARS)
☐ 5 FULL DAYS*						1700
☐ 5 HALF DAYS*						1625
☐ 3 FULL DAYS	☐M	☐T	☐W	☐TH	☐F	1600
☐ 3 HALF DAYS*	☐M	☐T	☐W	☐TH	☐F	1425
☐ 2 FULL DAYS**						1500
☐ 2 HALF DAYS**						1325

* Half Day 8:45AM - 11:45AM

** Enrollment is contingent upon availablility

Lunch Option 11:45AM - 1:00PM (Additional $20 a day)

Full Day 8:45AM - 3:15PM

SUPPLIES / MATERIALS	300
EXTENDED HOURS PROGRAM - AVAILABLE FROM 7AM UNTIL 6PM	
☐ MORNING EXTENDED HOURS ONLY (7:00–8:45AM)	300
☐ AFTERNOON EXTENDED HOURS (3:15–6:00PM)	400
☐ BOTH SESSIONS	600

Extended hours are available at $25 per hour if you do not select a plan
First hour is not prorated. After the first hour, additional time is billed in 30-minute increments.
For pickups after 6:00 p.m., a $30 late pickup fee applies for the first 15 minutes, with an additional $1 per minute thereafter.

REGISTRATION

A $175 registration fee, materials/supply fee along with the first installment of the tuition are due with your application.
The $175 registration fee is non-refundable. Please make checks payable to "Neshaminy Montessori".

TUITION

Tuition is an annual non-refundable fee that must be paid regardless of whether your child completes the school year (whether in-person or by remote means). Tuition may be paid in full at the time of application, or, alternatively, in 10 equal installments (the "Installment Plan"). The Installment Plan is offered solely for the convenience of parents/guardians. Your first payment is due with your application before the beginning of school. Each subsequent installment payment is due on the first of each month, with the second payment being due on September 1 and the last payment being due on May 1. A $75 late charge will be assessed for late payments or for returned checks. If a check is returned for insufficient funds, all future payments must be made with a certified check or cash.

No adjustments will be made to the tuition for any reason whatsoever, including days missed due to weather, illness, vacations or shortened months or when the School is mandated to operate on a remote basis, or elects to do so for safety or health reasons.

WITHDRAWAL

A parent wishing to withdraw their child before the school year begins must notify the school in writing at least two (2) months prior to the first day of school. Any parents withdrawing their child before the end of the school year are not entitled to a tuition refund and, if paying under the Installment Plan, are responsible for all remaining tuition payments.

_____

CHILD'S NAME

_____

PARENT/GUARDIAN SIGNATURE DATE

NESHAMINY MONTESSORI AGREEMENT

CHILD'S NAME: _____

Services to be provided as part of the tuition: education and care

Child's arrival time: _____ Child's departure time: _____

Person(s) designated by parent to whom child may be released:

_____

_____

_____

I, the parent/guardian;

☐ received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

☐ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

_____

SIGNATURE-DIRECTOR DATE

_____

SIGNATURE-PARENT OR GUARDIAN DATE

_____

DATE OF CHILD'S ADMISSION

_____

DATE OF WITHDRAWAL

PERIODIC REVIEW

_____

SIGNATURE-PARENT OR GARDIAN DATE
(to be signed 6 months after enrollment)

APPLICATION FOR ADMISSION PAGE 1

TODAY'S DATE: _____

Student's Full Name _____
FIRST LAST CHILD GOES BY

Student's Address _____
STREET HOME PHONE

_____
CITY STATE ZIP CODE

_____
GENDER BIRTH DATE

Mother/Guardian _____
FIRST LAST E-MAIL

_____
OCCUPATION BUSINESS PHONE OTHER CELL/PAGER

Father/Guardian _____
FIRST LAST E-MAIL

_____
OCCUPATION BUSINESS PHONE OTHER CELL/PAGER

Parental Status ☐ Married ☐ Separated ☐ Divorced ☐ Single ☐ Widowed ☐ Other _____

If separated or divorced (since when) _____

Siblings _____
NAME AGE GRADE SCHOOL

_____
NAME AGE GRADE SCHOOL

_____
NAME AGE GRADE SCHOOL

Other persons in home

_____
NAME AGE RELATIONSHIP

_____
NAME AGE RELATIONSHIP

_____
NAME AGE RELATIONSHIP

Person to notify in an emergency

_____
NAME RELATIONSHIP

_____
ADDRESS

_____
HOME PHONE BUSINESS PHONE OTHER CELL/PAGER

APPLICATION FOR ADMISSION PAGE 2

CHILD'S NAME: _____

School(s) previously attended

_____

SCHOOL NAME PHONE NUMBER

_____

SCHOOL NAME PHONE NUMBER

Is a second language spoken at home?

☐ Yes ☐ No

If yes, which language _____

Extended day application (7am – 9am / 3:30pm – 6pm)

My child will arrive at school by _____

My child will depart from school by _____

Transportation

☐ District Bus School District Name _____

☐ Self

In the space below please supply any additional comments you feel would help us in understanding your child.

_____

_____

_____

_____

_____

_____

_____

_____