



Montessori Academy at Westridge
9421 Westridge Blvd.
McKinney, TX 75070
214-544-6210
www.montessoriacademywestridge.com

Dear Parent,

Thank you for your interest in our school. We, at Montessori Academy at Westridge, are committed to providing a warm, safe and educational environment, which will allow your child to thrive and reach his or her full potential.

As parents, you play a vital role in your child's education. Nothing is as important to Montessori schooling as parent involvement. We believe a strong relationship between home and school is essential to a solid foundation. We encourage our parents to take every opportunity to participate in the education of their children. We embrace and cultivate the philosophy of open communication between parents and the school. We also encourage parents to reinforce at home what the child has learned in school. Our goal is to guide your child through a journey of learning and a lifetime of discovery.

Please give us a call! We look forward to meeting you and your child.

Sincerely,
Sandra Boucaud
Director



"Raising Life Long Learners"

Parent's Initials: _____

Application Procedures

We appreciate your interest in Montessori Academy at Westridge. We invite you and your child to visit our facility. Tours are conducted by appointment only, mornings between 8:30AM and 10AM during the academic year. You will be able to observe the class “in session” through one-way windows. This will help you to decide if the Montessori environment is right for your child.

Application Procedure:

Upon acceptance, an application for admission should be completed. A non-refundable one-time Application Fee of \$100 and a semester Registration Fee of \$100 should accompany the submitted forms.

The Application for Admission Includes:

1. Enrollment Form
2. Tuition & Fee Agreement
3. Admission Requirements Form
4. Immunization Record & Health Statement Form
5. Authorization for Emergency Medical Attention
6. Acknowledgement of Receipt of Parent/Student Handbook (should be completed after attending the New Parent Orientation)
7. Authorized Child Pick-Up Form (if applicable)
8. For the Teacher - Getting to Know You
9. Photograph Permission Slip

Additional forms may be necessary for enrollment, which do not accompany the Application for Admission.



“Raising Life Long Learners”

Parent's Initials: _____

Enrollment Form

Thank you for your interest in Montessori Academy at Westridge! We are excited to meet you and your family during a tour of our facility! At that time, we will provide an enrollment form to you for completion. This enrollment form will detail programs, tuition & any applicable fees.

To enroll your child at Montessori Academy at Westridge, we ask that you complete the enrollment form and submit this with a check for \$200 (non-refundable \$100 Application Fee & \$100 Registration Fee).

Please note that enrollment is time-sensitive. If you enroll your child at the time a wait list is in force for a specific program, your child will be admitted at the earliest time a spot becomes available. Although we do give first priority to siblings of current students, we ask that you complete the sibling's enrollment form as soon as possible so that we can make accommodations for other students on the wait list.

All other forms included in this Enrollment Package may be completed by your child's start date at Montessori Academy at Westridge.



"Raising Life Long Learners"

Parent's Initials: _____

Montessori Academy at Westridge

Tuition & Fees Agreement

I, _____, am hereby agreeing that my child, _____, shall be in the care of Montessori Academy at Westridge in the following program: _____.

The monthly tuition for this program is: _____.

<u>Initial Fees are as Follows:</u>	<u>Amount Paid</u>	<u>Check #</u>
Application Fee (\$100)	_____	_____
Registration Fee (\$100)	_____	_____
Supply Fee (\$75, \$125, \$150) <small>Supply fees are due for the fall & spring semesters</small>	_____	_____
Deposit (1/2 of 1 st month's tuition)	_____	_____
First Month's Tuition (if starting mid-month)	_____	_____
Balance upon Start Date	_____	_____

Please check each box to acknowledge:

- Application & Registration Fees are non-refundable.
- At the time of enrollment, a deposit will be due equaling one half of the first month's tuition.
- A 30-day written notice is required to withdraw your child. Notifying MAW 30 days in advance of a withdrawal will qualify you for a deposit refund. Your deposit will be refunded to you on the last day of your child's attendance. If there are any balances on the account, these will be deducted from the deposit. The deposit will not be refunded if a 30-day written notice of withdrawal is not given.
- If a family, without a 30-day written notice, chooses to discontinue their child's education at MAW for any reason, the remaining "unused" monthly tuition will not be refunded.
- For all students, tuition is due on the first day of every month. A late payment of \$5.00 per day will be charged after the fifth of every month. MAW reserves the right to discontinue care for unpaid accounts after the 15th of the month. A fee of \$35 will be charged for any check that is returned for any reason (NSF, Frozen Acct., etc.). Accounts having two or more returned checks must make payment in cash or money order.
- Monthly tuition fees will not be waived or discounted, nor will tuition credits be given for any of the following reasons: vacations that are less than two weeks (fewer than 10 school days), illness, school closings, scheduled breaks, holidays, teacher in-service days, severe weather days, early releases or delayed openings due to the weather. In the event of an extended vacation (more than 10 school days) the family will be given a 50% tuition discount for all vacation days taken. Should a family choose to take an extended vacation (more than 10 school days) and choose not to pay half of the tuition for the days the child will be on vacation, the child's spot at the school will not be reserved.
- Late pick-up fees of \$1 per minute will be charged if your child is picked up after their scheduled pick-up time. Students in the half & school day programs may attend "extra hours" at rate of \$10 per hour with prior notice.
- A 5% sibling discount will be given to families who have two or more children in care at the same time. This discount will apply to the lesser monthly tuition amount(s). After withdrawal of a sibling, the full tuition amount will be due & the sibling discount will no longer apply.
- A 6% tuition discount will be given if annual pre-payment is made. This pre-payment discount applies only to the monthly tuition & does not apply to any other fees. In the event a family who has made an annual pre-payment must withdraw from MAW, a 50% tuition refund will be given for the months the child will not be attending. This 50% pre-payment refund will not apply to any other fees and they will be forfeited by the family. The 6% discount will be added back to the monthly tuition that the child was in care as the family will no longer qualify for the 6% annual pre-payment discount.
- MAW provides care all year which includes Fall, Spring & Summer Semesters. The two-month summer semester will be optional only for the Primary Classes. Primary students who will remain in care during the Summer Semester will be charged an activity fee of \$125. This activity fee will be due in April, which is when Summer Semester reservations are taken.
- MAW reserves the right to terminate a student's enrollment at any time for any reason.

I agree to comply with this Tuition & Fees Agreement.

Signature of Parent or Guardian X _____

Date _____

Parent's Initials: _____

Montessori Academy at Westridge Admission Requirements Form

Operation Name: Montessori Academy at Westridge		Director's Name: Sandra Boucaud	
Date of Admission:		Date of Withdrawal:	
Child's Full Name:		Child's Date of Birth:	
Child's Home Phone Number		Child's Address:	
Parent/Guardian's Name:		Address(if different from child):	
List of telephone numbers where parents/guardians can be reached while child is in care:			
Mother's Name:	Cell #:	Work#:	
Father's Name:	Cell #:	Work#:	
List of emergency contacts in the case we are not able to get in touch with either parent while the child is in care:			
Name/Relationship:	Cell: Home:	Address:	
Name/Relationship:	Cell: Home:	Address:	
Please circle yes/no to all that apply:			
1. YES / NO - I hereby authorize Montessori Academy at Westridge to provide transportation for my child in the event of field trips (parents will be informed in advance of all field trips).			
2. YES / NO - I hereby give consent for my child to participate in water activities at Montessori Academy at Westridge (parents will be informed in advance of all water activities).			
3. YES / NO - I acknowledge receipt of the policies & procedures set forth in the Parent Handbook at Montessori Academy at Westridge (handbook is available online at www.montessoriacademy.com)			
4. YES / NO - I understand the meal program at Montessori Academy at Westridge and agree to provide written documentation of any and all food allergies and food restrictions.			
Authorization for Emergency Medical Attention			
Name of Physician:	Address of Physician:	Phone # of Physician:	
Name of Emergency Medical Facility (Hospital):	Address of Emergency Med. Facility:	Phone # of Emergency Med. Facility:	
Food Allergies:			
Food Restrictions:			
Additional Allergies or Restrictions:			
Pre-Existing illness, injuries &/or hospitalizations which we should be aware:			
Medication prescribed for long term use:			

Parent's Initials: _____

Montessori Academy at Westridge Immunization Record / Health Statement

(please have physician complete this form and fax to 214-544-6215)

Child's Name: _____

Child's DOB: _____

Immunization Record

YES / NO I have provided Montessori Academy at Westridge with a copy of my child's most current Immunization Record. (physician may fax this to the facility)

Health Statement

YES / NO I have examined the above named child within the past year and find that he / she is able to take part in the child care program.

YES / NO Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed affidavit stating this.

Dr. Signature: _____

Date: _____

Hearing & Vision

Hearing	1000 HZ	2000 HZ	4000 HZ
Left Ear			
Right Ear			
Pass / Fail			
Notes: _____			

Vision	Left Eye	Right Eye
	20/_____	20/_____
Pass / Fail		
Notes: _____		

Signature of Physician: _____

Date of Examination: _____

Parent's Initials: _____

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Physician _____ Address _____
Phone #: _____

Name of Hospital _____ Address _____
Phone #: _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital.

Child's Name: _____ **DOB** _____

Mothers Name: _____ **Work #** _____ **Cell #** _____

Fathers Name: _____ **Work #** _____ **Cell #** _____

Is your child allergic to any of the following? (circle all that apply)

Bee Stings

Ant Bites

Mosquito Bites

Poison Ivy

Any others _____

Any medication _____

Do you want the school staff to administer any medication for these allergies?

Yes No

If yes, explain in detail:

Signature of parent or legal guardian X _____

Date: _____

Notary Public X _____

Date: _____

Parent's Initials: _____

Acknowledgement of Receipt of Parent/Student Handbook

I acknowledge receipt of “The Parent & Student Handbook of Guidelines & Procedures”

I have read and accept the policies of the school.

Signature of parent or legal guardian

Date



“Raising Life Long Learners”

Parent's Initials: _____

Authorized Child Pick-Up
(for individuals other than legal guardians)

Today's Date: _____

Please be advised that _____ can be released to the care of
Name of Child

_____ on the following dates: _____
Name of Authorized Person

(a copy of this person's driver's license will be taken and kept on file.)

This authorization was received via telephone _____.

This authorization was received via email _____.

This authorization was given in person _____.

Signature of parent or legal guardian X _____
Date: _____

Signature of Authorized Office Staff: X _____

Time Child was Picked Up _____

Office Staff Initials: _____

Signature of Authorized Person at time of pick up: _____



Parent's Initials: _____

For the Teacher: "Getting to Know You"

Today's Date: _____ Expected Starting Date: _____

Child's Name:			
Date of Birth:	Child's Age:	Gender:	Toilet Trained?
Mother's Name:		Sibling's Name:	
Father's Name:		Sibling's Name:	
Do the parents live in the same house?			
Has your child been in a Montessori Environment before?		How long?	

Description of child (circle all that apply):

Happy	Social	Plays Well With Others	Active	
Shy	Warms up Easily	Likes Books	Takes a Nap	Eats Well
Picky Eater	Likes Playing Outside	Bossy	Quiet	

Additional notes: _____

What are your expectations?

Parent's Initials: _____

Photograph Permission Slip

I grant permission and give authorization for Montessori Academy at Westridge to photograph my child at school. I understand that these pictures may be displayed in the school or used on the Montessori Academy at Westridge school website or in any advertisement material promoting Montessori Academy at Westridge. I will not hold Montessori Academy at Westridge responsible if the picture is copied from the website or from any of the other published material by an unauthorized entity. I do however reserve the right to ask the picture(s) be taken off in the future for which I can contact the director who will ensure that the picture and/or name be removed in a timely fashion.

Signature of parent or legal guardian

Date



"Raising Life Long Learners"

Parent's Initials: _____