



# Holly Brook Montessori School

## Application for Enrollment 2014 - 2015

### Student Enrollment Procedures

- **Age:** 3 – 5 years (and toilet trained). Children enrolling at age 5 must have previous Montessori experience.
- **Application fee:** A one time \$50 non-refundable fee must accompany submission of this application.
- **Acceptance:** Following receipt of the application, a teacher/parent/child interview will be scheduled at the school at a mutually convenient time.
- **Deposit:** A NON-REFUNDABLE deposit is due at the time of acceptance and will reserve a place for your child in the classroom. This deposit may be deducted from the annual or the second semester tuition payment or, if the tuition is paid by the installment plan, the deposit can be deducted from the May 1 tuition payment only. For returning students, the deposit will be rolled over to the following school year.

Tuition and Payment Plan	Deposit (due upon acceptance & is applicable to the last month's tuition)	Annual (due Aug 1)	Semester (due Aug 1 & Dec 1)	Installment Plan (10 installments due on the 1st of each month August 1 - May 1)
Montessori School (8:45 - 12:00)	\$450	\$8,450	\$4,240	\$855
Montessori School and Extended Day Program (8:00 – 4:30)	\$575	\$12,040	\$6,035	\$1,215
Montessori School and Full Day Program (8:00 – 5:30)	\$625	\$13,685	\$6,860	\$1,381

*Note: A sibling discount of 10% will apply to the second child when children are enrolled within the same year. For children enrolled in the Half Day Kindergarten program (9:00 a.m. - 2:30 p.m.) there is an additional fee.*

### Payments

Payments are based on a **nine-month school year** from September to June and can be made in **Annual** (1 payment), **Semester** (2 payments), or **Installment Plan** (10 equal installments due on the first of each month beginning August 1 through May 1).

### Refunds and Adjustments

All children are enrolled for the full nine-month school year. No allowances will be made due to illness, vacation or withdrawal. If the school is given a 30 day written notice of a child leaving school, then tuition is payable through the 30 days. **The deposit is non-refundable.**

### Dismissal Policy

A child may be dismissed at the school's discretion upon a written notice to the parent for consistent aggressive or disruptive behavior, either physical or verbal by the parent or child. A child may also be asked to leave if the staff believes the child is not benefiting from our Montessori program. In this instance the deposit will be refunded and the tuition prorated according to the time a child was actually enrolled.

### Trial Period

The first six weeks are considered a trial period for the parents, student and staff. During that time, the contract may be terminated without any further obligation on the part of either the school or the parent. The tuition during this period is prorated for the time the child is actually in attendance. The deposit is not refundable unless the child is dismissed by the school.

(Please complete other side)

2455 Gallows Road • Dunn Loring, VA • 703-573-7800

# APPLICATION FOR ENROLLMENT

**Please check the program desired:**

- Montessori School  
(9:00 - 12:00)
- Montessori School Extended Day Program  
(8:00 - 4:30)
- Montessori School Full Day Program  
(8:00 - 5:30)

**Please check the payment plan desired:**

- Annual (1 payment) - due August 1
- Semester (2 payments) - due Aug 1 & Dec 1
- Installment Plan - due the 1st of each month from August 1 through May 1

Desired Start Date: \_\_\_\_\_ 20 \_\_\_\_\_

We agree that our name, address and home phone will be listed on the Class Roster Yes \_\_\_\_\_ No \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Toilet Trained? Y N

Child lives with: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Name and ages of siblings: \_\_\_\_\_

Previous school experience (where and how long): \_\_\_\_\_

Child's Present School: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

School's Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

General statement of the child's physical health (include allergies, etc): \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If parents are divorced or separated, to whom should all school correspondence be sent? \_\_\_\_\_

Is there a Custody Court Order agreement? \_\_\_\_\_ (a copy is required at enrollment)

From what source did you hear of the Holly Brook Montessori School? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Application fee received: \$ _____ Date _____	Deposit received: \$ _____ Date _____
Date of Entrance: _____ Ck # _____	Final School Date: _____ Ck # _____
Identity Verification: DOB: _____	By: _____ Date Issued: _____
Place of Birth: _____	Birth Certificate #: _____