



**MONTESSORI CENTRE
OF BARRINGTON, INC.**



303 Sowams Road • Barrington, RI 02806 • (401) 245-4754 • Fax (401) 289-2155
www.montessori-centre.com

**Preschool/Kindergarten Application for Admission
2024 –2025**

CHILD _____
First Middle Last

Male
 Female
Birthdate Age (years, months)

Previous school experience:

Montessori school Years attended

Other school Years attended

I authorize the release of any information, either via telephone or in writing, from the above program/s to Montessori of Barrington, Inc.

Date _____ Parent signature _____

Reason for applying to Montessori Centre of Barrington, Inc. _____

PARENT

PARENT

Parent's name

Parent's name

Home address

Home address

Home telephone

Home telephone

Cell phone

Cell phone

Business name

Business name

Business address

Business address

Business phone

Business phone

E-mail address

E-mail address

(continued on back)

Does your child have any physical, social or emotional difficulties? _____

Briefly describe your child's personality _____

Child's start date _____

Please check your child's program:

Yearly Tuition

Early Birds	M-F, 8:00 am – 8:30 am	<input type="checkbox"/>	\$1,100
Morning Session	M-F, 8:30 am – 12:30 pm	<input type="checkbox"/>	\$9,500
Full Day Session	M-F, 8:30 am – 3:00 pm	<input type="checkbox"/>	\$13,100
Extended Session	M-F, 8:30 am – 4:30 pm	<input type="checkbox"/>	\$13,900
Late Train	M-F, 4:30 pm – 5:00 pm	<input type="checkbox"/>	\$1,100
Early + Late	M-F, 8:00-8:30, 4:30-5:00	<input type="checkbox"/>	\$2,100

Registration Fee \$100 (Note: returning students do not pay the registration fee)

Deposit \$800

Materials Fee \$200

Two payments

Monthly payments

I understand that enrollment of my child is a commitment for the entire 2024-2025 school year. If I elect the two payments plan, my deposit will be applied toward the second semester's tuition. The first semester's tuition is due June 15, 2024, and the second semester's tuition is due January 1, 2025. I may elect a monthly payment plan, which will include a \$10 per month service fee. I understand this contract becomes binding for the entire 2024-2025 school year 30 days after the date of this signed application, and any monies paid become non-refundable. I agree to pay the entire school year's tuition should I withdraw my child after the above 30 days, and understand and agree that in the event of no payment all costs of collection, including attorneys' fees, shall be added to the unpaid obligation. I understand that in the event of non-payment of any installment provided in this contract, including late fees, my child may not be allowed to attend the program. I also understand and agree that tuition is due regardless of illness, vacations or school closings. I understand the program reserves the right to evaluate my child's continued participation and may terminate this contract with 30 days written notice. I agree that my child may participate in all program activities, including trips or walks away from the property. I am also in receipt of and understand the Parent Handbook, and agree to abide by its terms and conditions.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

How did you hear about Montessori Centre of Barrington? _____