

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

## TODDLER PROGRAM Application for Admission September 2026 – July 2027

CHILD —			
	First	Middle	Last
Male Female	 Birthdate	Age (years,	months)
remaie	Birtildate	Age (years,	months
Previous school or	child care experie	ence:	
Program		Years atten	ded
I authorize the releprogram/s to Mor			or in writing, from the above
Date	Parent	signature	
Reason for applyir	ng to Montessori C	entre of Barrington Toddle	rs
	15 to Montesson e	entre or barrington roddie	. 5
PARENT		PARENT	
Parent's name		Parent's na	me
Home address		Home addr	ess
Home telephone		Home telep	phone
Cell phone		Cell phone	
Business name		Business na	ame
Business address		Business ac	ldress
Business phone		Business ph	none
E-mail address		 E-mail addı	ess

(continued on back)

Does your child have any physical, social or emotio	nal difficulties?			
Briefly describe your child's personality				
Child's start date				
Please check your child's program:		Tuition		
Morning, 3 days per week	8:30 am – 12:15 pm	\$9,900		
Morning, 4 days per week	8:30 am – 12:15 pm	\$11,400		
Morning, 5 days per week	8:30 am – 12:15 pm	\$13,200		
Full Day, 3 days per week	8:30 am – 3:00 pm	\$14,200		
Full Day, 4 days per week	8:30 am – 3:00 pm	\$16,600		
Full Day, 5 days per week	8:30 am – 3:00 pm	\$18,800		
Extended Day, 3 days per week	8:30 am – 4:30 pm	\$15,500		
Extended Day, 4 days per week	8:30 am – 4:30 pm	\$18,300		
Extended Day, 5 days per week	8:30 am – 4:30 pm	\$21,500		
Registration Fee \$100 ( <i>Note</i> : returning students) Deposit \$1,200 Materials Fee \$200	ents do not pay the registration	on fee)		
Two payments	Ten monthly payments			
I understand that enrollment of my child is a commitment for the entire 2026-2027 school year. If I elect the two payments plan, the first payment is due August 1, 2026, and the second payment is due March 1, 2027. I may elect the monthly payment plan, which will include a \$10 per month service fee. I understand this contract becomes binding for the entire 2026-2027 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 Barringto	on?			