

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

TODDLER PROGRAM

Application for Admission September 2024 – July 2025

CHILD	Last					
First Middle	Lasi					
Male						
	ge (years, months)					
Previous school or child care experience:						
Program Ye	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 Toddlers						
PARENT PA	ARENT					
Parent's name Pa	arent's name					
Home address Ho	ome address					
Home telephone Ho	ome telephone					
Cell phone Ce	ell phone					
Business name Bu	usiness name					
Business address Bu	usiness address					
Business phone Bu	usiness phone					
E-mail address E-r	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 chil	d's program:			Tuition		
Morning, 3 days per w Morning, 4 days per w Morning, 5 days per w	veek	8:30 am – 12:15 pm 8:30 am – 12:15 pm 8:30 am – 12:15 pm		\$9,500 \$10,900 \$12,600		
Full Day, 3 days per w Full Day, 4 days per w Full Day, 5 days per w	eek	8:30 am – 3:00 pm 8:30 am – 3:00 pm 8:30 am – 3:00 pm		\$13,800 \$15,800 \$17,900		
Extended Day, 3 days Extended Day, 4 days Extended Day, 5 days Registration Fee Deposit	per week per week \$100 (<i>Note</i> : returning stude \$1000	8:30 am – 4:30 pm 8:30 am – 4:30 pm 8:30 am – 4:30 pm ents do not pay the rea	gistratic	\$14,900 \$17,600 \$20,700 on fee)		
Materials Fee Two payments	\$200 5 🔲	Ten monthly paymen	its 🗌			

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I understand that enrollment of my child is a commitment for the entire 2024-2025 school year. If I elect the two payments plan, the first payment is due August 1, 2024, and the second payment is due March 1, 2025. 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 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?	

Montessori of Barrington, Inc. does not discriminate on the basis of color, sex, race, religion or national origin.