

Application for Admission Elementary Program

Student's Full Name_____

Preferred name or nickname_____

Date of Birth_____ Age_____ Gender_____

Program attending (check appropriate boxes): Grade_____

School day only_____ \$5,850 school year/\$650 month

After school care_____ \$6/day or \$120 month

Address_____

City_____ State_____ Zip_____

Home Phone Number_____

What public school would your child attend?_____

Father's Name_____

Home Address_____

Telephone_____ Cell Phone_____

Father's employer_____ Occupation_____

Employer's Address_____ Work Phone_____

E-Mail_____

Mother's Name_____

Home Address_____

Telephone_____ Cell Phone_____

Mother's employer_____ Occupation_____

Employer's Address_____ Work Phone_____

E-Mail_____

NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS

This school admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, race, national and ethnic origin in administration of its educational and admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Child's present living arrangement: ___ Both parents ___ Mother ___ Father
___ Other _____

Child's legal guardian _____ Both Parents _____ Mother ___ Father
___ Other _____

List all individuals living in the home (including parents/step-parents):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

Name _____ Phone _____ Relationship _____
Address _____

These persons may be contacted in an emergency when guardian(s) may not be located, and have permission to pick up the child when guardian(s) is/are not able to do so in person:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who may NOT pick up your child? _____

I, _____, the parent of _____ have completed the admission information and agree to update the information as it becomes necessary.

Parent's Signature _____ Date _____

School attended in the last three years:

School Name	Grade	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical History Form

Child's name _____

Child's physician or Clinic's Name _____

Telephone Number _____ Any Known allergies _____

Address _____

LEGAL REQUIREMENTS

By state law all children are required to have these immunizations in order to enter a school or child care center: Mumps, Measles, Rubella, Diphtheria, Tetanus, Pertussis, Polio, HibCV, Varicella, Hepatitis A, and Pneumococcal. We are required by the Department of Regulatory and Protective Services to have a copy of your child's immunization record from your family physician, clinic or public health department documenting the number and types of doses, and the date on which they were given. IF your physician does not give all the immunizations listed, he/she must attach a written statement to that effect. This form, or an acceptable substitute, MUST be in your child's file in our office within one week of your child's admission. As your child is immunized you must bring an updated copy to the office. Has your child had any serious illness or hospitalization in the last 12 months? ___no___yes
Explain _____

EMERGENCY MEDICAL CARE

In the event that I am not immediately available and/or upon serious illness or injury to my child, I hereby authorize the staff of Amarillo Montessori Academy to obtain emergency medical care and to transport the child for emergency medical treatment.

Parent's signature _____ Date _____

Publicity and Marketing

The Academy continually engages in advertising and marketing activities designed to inform the public concerning the Montessori method and philosophy and the way it is implemented at the school. Brochures containing pictures of children at their work, Internet marketing, videotapes of programs in which the children perform and slides of classroom activities are often used in public presentations. Please indicate your wishes regarding this below.

The Amarillo Montessori Academy may use, publish, or broadcast any photograph, tape recording, or television tapes and may use the materials at its discretion any teacher using pictures for instructional purposes does so under this policy. I acknowledge the above policy and give my permission for the use of photographs, tape recordings, etc. of my child.

(print child's full name)

Signature_____Date_____

I do not give my permission for my child to be photograph or tape recorded.

Signature_____Date_____

Tuition policy

Tuition is charged as an annual fee based on the number of school days in the year. Additional children from the same family will receive a 10% discount each month. (The discount will be off the oldest child.) The monthly payment plan is divided into equal payments. Payments are due regardless of the number of days school is held during a particular month or the number of days a child attends. There are no reductions in school tuition for holidays, absences due to illness, family vacations or any other reason. If you would like to pay your tuition in full for the entire school year you will receive a 5% discount. **If your child is at the school past 6:00 p.m. the cost will be \$5.00 per minute and is due when the child is picked up.**

Tuition Due Date

Tuition and fees are due on the first of the month. If tuition is not received by the tenth of the month, a \$30.00 late payment fee will be charged to the account. If a check is returned from the bank as unpaid and is unable to be put through a second time, another form of payment will be required for all future transactions. If tuition and/or fees remain unpaid for more than one month, your credit card will be charged and the child can be dismissed from school. *Two weeks written notice of withdrawal from AMA is required.*

Books/Material Fees

All parents who have children in the program agree to purchase from the school at cost, workbooks or special supplies as needed for the child throughout the year. Parents will be asked to fill a supply list when the child begins the program and, as supplies are needed.

Fund Raising

Parents may choose to purchase tickets to either Wing Wars, that is held in the fall, or “a Night of Discovery” that is held in the spring. You **MUST** purchase a total of 10 adult tickets to meet your fundraising obligation. The tickets may be sold or you may use them for yourself, however, the ten tickets are your responsibility. If you have more than one child at the academy please add four tickets to the total amount for each additional child. If you do not fulfill this obligation, the credit card we have on file will be charged prior to the end of the school year for the cost of the ten tickets.

My child will attend the Amarillo Montessori Academy from:

_____ to _____

I have read and agree to the tuition policy at the Amarillo Montessori Academy. **I agree to and understand my fund raising obligation.**

Signature_____ Date_____

Credit Card Payment Guarantee Form

By Signing on this form, you are authorizing Amarillo Montessori Academy to consider this credit card "on file" to be used to guarantee payment of past due invoices. Any invoice from Amarillo Montessori Academy providing services that has become more than 30 days past due will be paid by the use of the credit card. This authorization includes all charges shown on each invoice(s) which are past due. Services rendered are non-revocable charges and are due independent of outcome.

This "Payment Guarantee Only" form advises that you will be invoiced on NET 10 days terms (or other NET terms as agreed/accepted by Amarillo Montessori Academy in writing to provision of any services) and charges may be applied to the card only when invoice payments become delinquent. You will be notified by telephone prior to activating a payment guarantee charge, but Amarillo Montessori Academy is not obligated in any way to extend further terms.

Please Print

My credit card is (select one): VISA MasterCard

Name as it appears on credit card (printed): _____

Credit Card Number _____ Expiration Date: _____

3 digit card verification number (on back of card) _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ Fax: _____

Email: _____

By my authorizing signature below, I am agreeing that all charges placed on this credit card for all services are non- refundable and non- cancelable by me or any party authorized on this credit card.

Name of person authorizing payment of invoices by above credit card

Signature of person authorizing payment of invoices by above credit card

Date of Signature

(This form is stored off site in a safety deposit box)

