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Your Enrollment Checklist

Salado Montessori's admission process is designed to find families looking for a unique educational experience. Our goal is not to fill openings, but rather to gather together children who will blossom within a Montessori setting.

Upon receipt of the enrollment application, prospective parents will meet privately with our Lead Guide & Director for an informal discussion of classroom procedures, expectations, and objectives. Parents are also strongly encouraged to observe a class.

To Apply:	 Submit an Enrollment Application Submit a New Student Enrollment Fee - \$100
	plicant is accepted, the parents will complete and submit the Admission Packet. This must be received efore the first day of class. Required admission forms include:
To Comple	te Enrollment:
	1 Parent Commitment Agreement
	2 Health and Human Services Admissions Information
	(Hearing and vision required for students who turn four before September 1st)
	3 Vaccines
	(If you choose not to immunize your child, please provide a notarized waiver of immunizations.)
	4 Parent Volunteer Program Agreement
	5 New Family Fee -\$500
	6 Use of Image Permission
Additional p	 paperwork requested, but not required for enrollment: 1 Food Allergy and Emergency Plan (if applicable) 2 Texas Education Agency Ethnicity and Race Data Form (you may choose to decline submission of this form)

We sincerely appreciate your interest in Salado Montessori. Just as you have high hopes and dreams for your child, we envision our school will grow over the next few decades to become a world-class Montessori. We have crafted the admission process with this in mind and we are grateful for your commitment to move through the process with us.



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2024 - 2025 Tuition & Fees Schedule			
New Student Fees			
New Student Enrollment Fee (per child)	\$100		
New Family Fee (per family) *see further explanation	\$500		
Other Fees			
Returning Student Fee (annual, per child) due in March	\$200		
	Fall 2024	Spring 2025	
Supplies & Materials Fee (per semester)	\$150	\$150	
Parent Volunteer Program (10 hours or \$200 required per semester)	\$200	\$2 00	
Tuition			
	Half Day Monday – Friday 8:30 - 12:00	Extended Day Monday - Friday 8:30 - 3:00	
Monthly Paid Tuition (First of the Month)	\$825	\$1000	
Fall Semester Paid in Full (5% discount)	\$3,918.75	\$4,750.00	
Spring Semester Paid in Full (5% discount)	\$3,918.75	\$4,750.00	
Annual Fund	\$500		
*see further explanation			

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Further Explanation

Waitlist Fee: \$100 per child

This is a one-time, non-refundable fee that is submitted with a Letter of Intent in order to hold a place for your child once the first class is filled.

New Student Enrollment Fee: \$100 per child

This is a one-time, non-refundable fee that is submitted with the enrollment application.

New Family Fee: \$500 per family

Upon acceptance, this is a one-time fee due with the admission packet for the first child enrolled. If a new family changes their mind about enrollment, the fee is refundable within ten days of receipt. If two children are enrolled simultaneously, only one New Family Fee is due.

Subsequent applications for additional children will be accompanied by the Sibling Admission Fee of \$200 instead of the New Family Fee. This is a non-refundable fee that is submitted with the admission packet of new student that is the sibling of a current or former student.

Returning Student Fee: \$200 per child

This is an annual, non-refundable fee that is submitted with each returning student's re-enrollment form.

Supplies and Materials Fee: \$300 per student (\$150 due August 1st and \$150 due January 1st of each year)

This is a non-refundable fee to be used for classroom materials and needs.

Parent Volunteer Program Option:

Families are asked to contribute 20 annual volunteer service hours. Parents may opt out by paying a \$20 per hour fee or \$400 per year, divided biannual installments of \$200 due at the beginning of each semester. This fee is fully refundable if parents fulfill the required 10 hours of volunteer work per semester. Volunteer activities help familiarize parents with the Montessori method and help keep our costs low. Projects include: building improvements, landscaping projects, playscape improvements, gardening projects, weekly laundry, janitorial assistance, minor administrative tasks, etc.

Annual Fund:

In addition to tuition income, Salado Montessori relies on contributions to the Annual Fund for School Enrichment and other fundraising efforts, including pursuing grants and in-kind donations to meet operating expenses. The annual fund provides a critical source of income necessary to enhance our programs and facilities, maintain steady growth, and help with forecasting as we plan for the future. We strive for 100 percent participation from our parent community during the Annual Fund Drive in the form of a yearly tax-deductible gift. We understand that some families may be able to contribute more and some will feel more comfortable giving less. All gifts are greatly appreciated, no matter the amount. You may choose to contribute during the Annual Fund Drive or you may choose to give via monthly installments with your tuition payments. Thank you for investing in the future of our children and our community. Your generous donation will directly support a richer educational experience for Salado Montessori students.

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Enrollment Application

FOR OFFICE USE: DATE OF PAYMENT	AMT\$	CK NUMBER or CC	OFC STAFF	İ
I plan to enroll my child in Salado Montessori invited to complete the enrollment process. I money order in the amount of \$100 made p	understand	that this form must be a	ccompanied by a check	
CHILD'S NAME		BIRTHDAT	E:	
Child's age on August 1st of desired year of en	rollment: YE	ARSMONTHS		
PLEASE CHECK THE PROGRAMS YOU	ARE ENROI	LLING IN:		
HALF DAY 3-5 Yr. Old		(8:30-12:00)		
Extended Day/Kindergarten 5	5-6 Yr. Old	(8:30-3:00) – (At Lead (Guide's Discretion)	



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THE FOLLOWING STUDENT INFORMATION IS REQUIRED FOR ENROLLMENT AND MUST BE RECEIVED BEFORE YOUR CHILD MAY ENTER THE CLASSROOM.

Child's Name				
Child's Home Address		City	State_	Zip
Child lives with (circle one)	Parent 1	Parent 2	Both	
Parent/Guardian One Nam	e	Re	lationship to Child ₋	
Signa	ture			
Phone Number		Email		
Occupation	_ Employer		Business Ph	ione #
Home address same as child?	Yes No	If not, please provide	address:	
Address		City	S1	tateZip
Parent/Guardian Two Nam			_ Relationship to C	hild
Phone Number		Email		
Occupation	_Employer		Business Phone #	<i>‡</i>
Home address same as child?	Yes No	If not, please provide	address:	
Address		City	State	Zip
List additional family mem				
Persons Authorized to pick-				
		_		



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Emergency Information:	
Child's Physician	Phone
Child's Dentist	Phone
Preferred Hospital	Child is covered by insurance? Yes No
Insurance Company	Certified Number
Name of Insured	Insured's Employer
Emergency Contact in case parents/	guardians cannot be reached:
Name:	Phone:
Emergency Medical Authorization: medical care, I authorize the person in	In the event I cannot be reached to make arrangements for emergency charge to take my child to:
Emergency Care Facility	Phone Number
Address	
I give consent for the facility	to secure any and all necessary emergency medical care for my child.
Sign	ature
Please list all allergies your child may	y have:
• ` •	or circumstances related to your child's birth and/or early years of life such as as, convulsions, physical challenges or impairments, serious accidents/injuries
	

School Directory Opt In/Out (Circle One) Please <u>INCLUDE</u> DO NOT INCLUDE my information in the school directory.



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The following questions will help frame your upcoming Lead Guide discussion:

Does your child have Montessori experience?	Yes	No
If yes, where have they attended Montessori school?		
If no, previous schools or daycare attended (can also in Please be prepared to provide past and current school	•	•
What are the interests of your child?		
Does your child have many opportunities to be with o	other children?	
Each child is unique. How would you characterize you	ar child?	



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Why are you interested sending your child to Salado Montessori?
Have any family members attended a Montessori School? Yes No
If yes, please list person's name and the name of the Montessori school
How did you first learn about Salado Montessori?
Please feel free to give us any additional information about your child that you feel would be helpful for us to know (for example, any special needs or interests, what previous school experiences have been like, etc.):

SALADO MONTESSORI DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, ETHNIC ORIGIN, PHYSICAL ABILITY, GENDER IDENTIFICATION OR SEXUAL ORIENTATION.