



10880 FM 1670, Salado TX 254-947-4005 [www.saladomontessori.com](http://www.saladomontessori.com)

## 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:

1. ☐ Submit an Enrollment Application
2. ☐ Submit a New Student Enrollment Fee - \$100

Once an applicant is accepted, the parents will complete and submit the Admission Packet. This must be received one week before the first day of class. Required admission forms include:

### To Complete Enrollment:

1. ☐ Parent Commitment Agreement
2. ☐ Health and Human Services Admissions Information  
(Hearing and vision required for students who turn four before September 1<sup>st</sup>)
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 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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2025 - 2026 Tuition & Fees Schedule		
<b>New Student Fees</b>		
New Student Enrollment Fee (per child)	\$100	
New Family Fee (per family) *see further explanation	\$500	
<b>Other Fees</b>		
Returning Student Fee (annual, per child) due in March	\$200	
	<b>Fall 2025</b>	<b>Spring 2026</b>
Supplies & Materials Fee (per semester)	\$150	\$150
Parent Volunteer Program (10 hours or \$200 required per semester)	\$200	\$200
<b>Tuition</b>		
	<b>Half Day</b> Monday – Friday 8:30 - 12:00	<b>Extended Day</b> 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 \_\_\_\_\_

I plan to enroll my child in Salado Montessori. I understand that upon filling out this form our family will be invited to complete the enrollment process. **I understand that this form must be accompanied by a check or money order in the amount of \$100 made payable to Salado Montessori and that this fee is non-refundable.**

**CHILD'S NAME** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

Child's age on August 1<sup>st</sup> of desired year of enrollment: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

PLEASE CHECK THE PROGRAMS YOU ARE ENROLLING IN:

\_\_\_\_\_ HALF DAY 3-5 Yr. Old (8:30-12:00)

\_\_\_\_\_ Extended Day/Kindergarten 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** Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone # \_\_\_\_\_

Home address same as child? Yes No If not, please provide address:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian Two** Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone # \_\_\_\_\_

Home address same as child? Yes No If not, please provide address:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**List additional family members & ages:** \_\_\_\_\_

\_\_\_\_\_

**Persons Authorized** to pick-up child (include name, number, and relationship to child):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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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:** In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in 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.

Signature \_\_\_\_\_

**Please list all allergies** your child may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History** (any unusual event or circumstances related to your child's birth and/or early years of life such as childhood illnesses, allergies, operations, convulsions, physical challenges or impairments, serious accidents/injuries, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School Directory Opt In/Out** (Circle One) Please INCLUDE 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?

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If no, previous schools or daycare attended (can also include enrichment programs such as music classes):  
Please be prepared to provide past and current school records to help us assess your child's education needs.

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What are the interests of your child?

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Does your child have many opportunities to be with other children?

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Each child is unique. How would you characterize your child?

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Why are you interested sending your child to Salado Montessori?

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Have any family members attended a Montessori School?      Yes      No

If yes, please list person's name and the name of the Montessori school

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How did you first learn about Salado Montessori?

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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.):

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