



MONTESSORI ONE ACADEMY

Address: 9360 Holly Avenue, NE, Albuquerque, New Mexico 87122
Phone Number: 505.822.5150
Fax Number: 505.822.5120
Web Address: www.montessorione.net

NEW STUDENT TUITION FORM: 2020-2021

The Total Annual Tuition applies for August through July of each year. Registration fee is to reserve your space in the program and is NOT part of the total tuition.

*Please note, NM Gross Receipts Tax will be added to all tuition payments at the current rate.

Full Academic Day: 8:30am – 3:30pm

One-time Application Fee – Non-refundable - New students only	ANNUAL Registration Fee – Non-refundable	Annual Tuition	TWO Semi-Annual Tuition Payments*	TWELVE Monthly Tuition Payments*
\$100.00	\$500.00	\$15,000.00	\$7,500.00	\$1,250.00

Extended Hours – Customize your schedule with additional time segments as needed:

Available Time Segments Additional Annual Tuition (based on number of segments added to our schedule)

7:00am – 8:30am 1 Segment \$1,650*

3:30pm – 5:00pm 2 Segments: \$2,450*

5:00pm – 6:00pm 3 Segments: \$3,250*

Late pick-up charge

\$10.00 per hour past scheduled pick up time

\$10.00 per minute past 6:00pm

Monthly Fees

\$20 Snack Fee

\$3 Friday Pizza

Select Tuition Option: Single Payment 2 Payments. 12 Payments

Extended Hours Needed (check all that apply). 7:00am – 8:30am

3:30pm - 5:00pm. 5:00pm - 6:00pm.

You will receive a tuition bill based upon the option selected. For payments delayed 30 days past their due date, your account will be charged a \$50 late fee at each occurrence, up to an annual maximum of \$500. If suit or action by an attorney or collection agency is required to enforce collection, attorney or agency fees will be billed to your account. Montessori ONE reserves the right to terminate contract without notice of any time.

ENROLLMENT: Montessori ONE Academy does not discriminate in admission, education program, or other school programs on basis of race, color, national or ethnic origin, gender, sexual orientation, or religion.

Parent/Guardian Signature

Date



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Student Information Form for 2020-2021

BOTH SIDES OF THIS FORM MUST BE COMPLETED BY THE PARENT AND/OR GUARDIAN.

STUDENT INFORMATION:

Name: _____ M F
Last First M.I.

Home Address: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Age: _____

Mailing Address (if different): _____ Phone: _____

E-mail Address: _____

Please list all numbers where you can be reached throughout the day.

Parent 1 Name: _____ Parent 2 Name: _____

Cell or Pager #: _____ Cell or Pager #: _____

Business Phone: _____ Ext. _____ Business Phone: _____ Ext. _____

Please list two **LOCAL** relatives or friends who can be contacted **if parents cannot be reached** in case of an emergency.

Name: _____ Name: _____

Phone: _____ Phone: _____

Cell or Pager #: _____ Cell or Pager #: _____

Relationship: _____ Relationship: _____

MEDICAL CONTACT INFORMATION: (Please also refer to Parent Handbook for Sick / Emergency Policy and Procedures)

Does your child have any allergies and/or medical conditions that we should be aware of? _____

If Yes, please list: _____

Name of Family Doctor to be called in case of an emergency: _____ Phone: _____

I give my permission for: Emergency Medical Transportation. YES NO

Emergency Medical Treatment. YES NO

Name of Medical Facility in case of an emergency: _____

Both sides of this form must be completed, signed, dated and returned to the school office prior to your child starting school.

AUTHORIZATION AND PERMISSION FORM FOR 2020-2021

I, _____, give permission to the following individuals to
Parent / Guardian
pick up _____ from Montessori One Preschool Academy and I
Student
release Montessori One from any liability for doing so.

1. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____
2. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____
3. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____
4. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____

The following individuals **MAY NOT** pick up, _____ from
Student
Montessori One Preschool Academy (leave blank if not applicable).

1. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____
2. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____

***If the mother or father is listed above, court documentation is needed.**

In order to help us serve your child better, please indicate the following information for your child.

My child takes a **daily** nap. _____ YES NO
From To

I want my child to take daily naps at school (in the afternoons). YES NO

My child wears a diaper. YES NO

My child is currently being potty trained. YES NO

My child is already potty trained. YES NO

I give permission for pictures, films, or videotapes of
my child to be taken for school records, promotions,
publications and marketing including Montessori One website. YES NO

Parent Signature

Date