



# 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](http://www.montessorione.net)

## Enrollment Application for 2020-2021 Preschool Program (ages 3 – 6 years)

**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: \_\_\_\_\_

### PARENT INFORMATION:

Parent 1 Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### PROGRAM OPTIONS: *Schedule of Fees for different options on reverse side.*

- |   |   |   |   |
|---|---|---|---|
| 5 HALF DAYS<br><b>Option 1</b><br>(9 am to 12 pm) | FULL DAY MONTESSORI PROGRAM<br><b>Option 2</b><br>(9 am to 3:30 pm) | FLEX DAYS<br><b>Option 3</b><br>(8:00 am to 4 pm) | EXTENDED DAYS<br><b>Option 4</b><br>(7:00 am to 6 pm) |
|---|---|---|---|

Option Selected: \_\_\_\_\_ Days of the week attending (circle all applicable): M T W TH F

Time(s) attending: \_\_\_\_\_  
From To

If you require before and after school care, please indicate the following:

Days Additional Child Care needed (circle all applicable): M T W TH F

Times Additional Child Care Needed: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ Both  
From To From To

**Please complete, sign, and date reverse side of this form prior to submitting.**

## Enrollment Application for 2020-2021

### Preschool Program (ages 3 – 6 years)

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.**

<b>Half-day Program: 9:00 AM – 12:30 PM</b>				
Schedule	One-time Application Fee – Non-refundable - New students only	Registration Fee – Non-refundable Annual fee	Total Annual Tuition	12 Monthly Tuition Payments
Option 1 - 5 Days	\$100	\$500	\$12,900	\$1,075*

<b>Full Day Montessori Program: 9:00 AM – 3:30 PM</b>				
Schedule	One-time Application Fee – Non-refundable - New students only	Registration Fee – Non-refundable Annual fee	Total Annual Tuition	12 Monthly Tuition Payments
Option 2 - 5 Days	\$100	\$500	\$14,700	\$1,225*

<b>Flexible Day Program: 8:00 AM – 4:00 PM</b>				
Schedule	One-time Application Fee – Non-refundable - New students only	Registration Fee – Non-refundable Annual fee	Total Annual Tuition	12 Monthly Tuition Payments
Option 3 - 5 Days	\$100	\$500	\$15,000	\$1,250*

<b>Extended Day Program: 7:00 AM – 6:00 PM</b>				
Schedule	One-time Application Fee – Non-refundable - New students only	Registration Fee – Non-refundable Annual fee	Total Annual Tuition	12 Monthly Tuition Payments
Option 4 - 5 Days	\$100	\$500	\$15,300	\$1,275*

*For all options, receive \$100 off the annual total if annual tuition is paid in full*

*For extended absences, exceeding 30 days, inquire about vacation rates with the Director*

*Before and/or after class fee (unless signed up for extended day program): \$10.00 per hour.*

*Late pick up charge: \$10.00 per minute AFTER 6:00 P.M.*

*Supplies and material fee: \$15 per month*

*Some optional fees may apply for activities available on Fridays – i.e. Pizza, Special Treats, etc.*

Tuition fees are due on the first of every month. The first payment is due on the first day of school upon opening. If payment is not made by the 10<sup>th</sup> day of each month due, \$50 late fee will be charged to your account. Please submit a Thirty (30) day written notice if you decide to withdraw your child from Montessori ONE Academy. Failure to do so will result in a penalty equivalent to one month's tuition. 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 at any time.

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
**Montessori ONE Use Only: Date Enrolled**



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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