

# **Application for 2025-26 Enrollment**

APPLICATION DATE:	Month / D	ay / Year	SCHOOL START DATE:	Month / Day / Year	
CHILD'S NAME					
First Name	M.I	Last Name		Date of Birth: Month/Day/Year	
Full Address: Street No.		C	ity	Postal Code	
Application for: Half Day Program				Full Day Program	
Morning 9:00am to 12:00pm	]			9:00am – 3:00pm	
Extended Day Program 7:00am to 6	:00pm	Please selec	et appropriate program: 3-d	lays 4-days 5-days	
Please select days  Prep 1 (2 to 3 yr) Preschool/TK (3 ½ - 5 yr)  (3 by March 1 <sup>st</sup> , 2025)					
Days: M T W TH F		to 3 ½ yr) [] th 1 <sup>st</sup> 2025)	Kindergarten (5 to 6 yr) 5 a (5 by October 31 <sup>st</sup> 2025)	lay option only (9:00am – 3:00pm* or 7:00am – 6:00pm)	
PROGRAM SCHEDUL	E INFOI	RMATIC	ON		
☐ Option-A: 3 Half	•	-	<u>-</u>		
☐ Option-B: 4 Half-Day Program (9am – 12pm) ☐ Option-C: 5 Half-Day Program (9am – 12pm)					
☐ Option-C: 3 Hall-Day Program (9am – 12pm) ☐ Option-D: 3 Full-Day Program (9am – 3pm)					
☐ Option-E: 4 Full-Day Program (9am – 3pm)					
☐ Option-F: 5 Full-Day Program (9am -3pm)					
☐ Option-G: 3 Exte		•	<b>-</b> '		
☐ Option-I: 5 Exter		•	<b>-</b> '		
Child Care for Option	ns A-F = \$	514/hour ( <i>i</i>	f before and/or after	care is needed)	



# **Application for Enrollment**

PARENTS / GUARDIAN INFORMATION			
Fathers Name	Occupation		
Home Address	Email		
	Cell Phone		
Home Phone	Work Phone		
Mother's Name	Occupation		
Home Address	Email		
	Cell Phone		
Home Phone	Work Phone		
Name Res Phone	Relationship  Work/Cell Phone		
EMERGENCY CONTACT PERSON – 1 Name	Relationship		
Res Phone	work/Ceii Phone		
EMERGENCY CONTACT PERSON – 2			
Name	Relationship		
Res Phone	Work/Cell Phone		
AUTHORIZED PICK-UP PERSON(S)			
Name	Relationship		
Res Phone	Work/Cell Phone		
AUTHORIZED PICK-UP PERSON(S)			
Name	Relationship		
Res Phone	Work/Cell Phone		



## **Application for Enrollment**

#### **IMPORTANT NOTE**

- 1a. Enrollment will be confirmed only once we have received the completed application.
- 1b. A non-refundable registration fee of \$100 is required with this application.
- 1c. A non-refundable registration fee of \$150 is required for two children with this application.
- 1d. The first month's full tuition is due at the time of enrollment.

### **Refund Policy before Starting School:**

- 60 days withdrawal notice: 100% refund of the first month's tuition
- 30-days withdrawal notice: 50% refund of the first month's tuition

### Withdrawal After Starting School:

- A minimum notice of 30 days is required
- No refund for the tuition after starting school
- 3. The monthly tuition is due by the 3<sup>rd</sup> day of the month regardless of the days in a month, absenteeism due to illness or inclement weather, plus school and statutory holidays, etc. [makeup days is not an option]
- 4. Tuition is based on 10 equal installments for the 2025-26 school year. Each installment consists of 18 days. We have evenly distributed your costs throughout the school year. You are not being billed for days class is unavailable to you. (holidays, breaks, teacher workdays, conference days, etc.) Annual calendar is available on website for your reference.
- 5. Children will not be released to anyone not listed in the enrollment form/emergency card unless advised by the parent.

Parents' Signature	Date:

All Personal Information provided to Blackhawk Montessori will be treated in accordance with the terms of the school Privacy Policy. By affixing your signature above, you agree that you have read the Parents handbook including the school privacy policy carefully and that you have agreed to all the school policies and procedures as described in the Parent's handbook