



**Alfred Montessori School  
School Age Program Application  
Kindergarten-4<sup>th</sup> Grade  
2024-2025 School Year**

**Child's Information:**

Child's Full Name \_\_\_\_\_ Pronouns \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Pronouns \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age (Years & Months) \_\_\_\_\_

Home Address \_\_\_\_\_

Are you aware of any allergies?  Yes (please explain) \_\_\_\_\_  No

**Parents' Information:**

Parent's Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**Additional Information:**

Siblings Names & Ages: \_\_\_\_\_

Has your child ever attended day care?  Yes  No If yes, where? \_\_\_\_\_

Why are you choosing Montessori for your child? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_



# Alfred Montessori School School Age Program Tuition Agreement 2024-2025

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade at AACs: \_\_\_\_\_

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**The School Age Program Registration Fees:** Single Child School-Age Registration: \$50 per year  
Family School-Age Registration: \$75 per year

***In signing this agreement, I agree and understand (please initial each statement):***

\_\_\_\_\_ that the yearly registration fee of \$50/single or \$75/family is non-refundable.

\_\_\_\_\_ that there is a flat rate charge of \$150 per week to attend the School Age Program, regardless of how many days my child attends each week.

\_\_\_\_\_ that I need to pay the fee for my child, in full, 10 days after invoices are issued. If payment is not made by that date, I will pay a late fee of \$25.

\_\_\_\_\_ that if AMS is closed for training days, power outages, building damage, COVID-19, or due to inclement weather, the weekly fee will remain the same.

\_\_\_\_\_ to read, become familiar with, and abide by the AMS Parent Handbook.

Parent/Guardian Name \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

*\*If staffing allows, AMS may offer care for AACs half days, Mid-Winter Break, and Spring Break. If AMS is able to provide care, forms will be available a few weeks in advance.\**