

BASTROP MONTESSORI

Learning Through Wonder and Discovery

2022-2023

**APPLICATION FOR
ENROLLMENT**

Our Mission at Bastrop Montessori is to provide a nurturing and engaging Montessori Learning Community for children ages 18 months through 12 years, where learning happens through wonder and discovery, and independence, confidence, and a lifelong passion for learning and contribution flourishes in each child.

Bastrop Montessori is an inclusive Learning Community and does not discriminate based on race, color, religion, gender, gender expression, sexual orientation, age, nationality, or personal beliefs in any of its activities or operations.

Bastrop Montessori Application for Enrollment

info@BastropMontessori.com

2022-23

APPLICATION AND ENROLLMENT PROCESS

1. **SCHEDULE A TOUR:** Email us at info@BastropMontessori.com to schedule a tour.
2. **REVIEW THE PARENTS HANDBOOK:** Our Handbook outlines a wide range of school policies and practices, with which you will need to become familiar, and covers some basic Montessori Philosophy. Please take note of any questions you may have.
3. **SCHEDULE CLASSROOM OBSERVATION:** This observation allows parents to see our classes in action, helping you to determine that we are a good fit for your child's learning style and temperament. Parents or Guardians only.
4. **SUBMIT COMPLETED APPLICATION,** including the \$100 Application Fee.
5. **INTERVIEW WITH THE DIRECTOR:** This interview will include answering any questions you may have from your classroom observation, and review of the Parents Handbook. If parents and the Director agree that Bastrop Montessori is a good fit for your child, you will be invited to enroll when space becomes available (or placed in the waiting pool?).
6. **ENROLLMENT PRIORITY & WAITING POOL:** Siblings of currently enrolled students have enrollment priority. Applications received for an already full class will be filed in our "Waiting Pool" and parents notified when an appropriate opening is available. Enrollment decisions lay solely with the Admissions Committee of Bastrop Montessori and are based on the following qualifications: age and gender balance in classrooms, family's philosophical alignment with school principles and values, and the school's ability to serve the child. Joining the waiting pool requires completion of the steps above, and the \$100 Application Fee.
7. **ENROLLMENT:** Once a student has accepted the offer to attend Bastrop Montessori, the following are due:
 - a. Deposit, first month's tuition, and supply fees. These fees are non-refundable.
 - b. Parent Participation Deposit. This fee is refundable
 - c. Well Child Letter and Immunization Records.
8. **ORIENTATION:** Schedule a Class Orientation for the student and at least one parent a week or so before their start date. The Orientation provides an opportunity for parents and students to meet with the teacher and spend some time in the classroom to become familiar with basic classroom systems.

SCHOOL TUITION, FEES & PARENT PARTICIPATION HOURS

- **APPLICATION FEE:** There is a one-time \$100 non-refundable application fee due at the time of application.
- **STUDENT SUPPLY FEE:** A non-refundable annual student supply fee of \$100.00, is due at the time of enrollment, and at the start of each subsequent school year.
- **TUITION DEPOSIT:** A non-refundable tuition deposit of \$500 is due at the time of enrollment. This deposit will be credited to your final month's tuition, provided that they leave at the end of the year/at agreed time, provided that you complete the full term of your contract.
- **TUITION:** School tuition is based on the full school year, regardless of days attended, or early withdrawal, and payments are due on the last day of the preceding month (unless you are paying in full). If the last day falls on a weekend or during a school holiday, payment is due on the previous Friday. Tuition is considered late on the 3rd day of the month and a late fee of \$25.00 will be charged. Tuition that is consistently late will affect your child's status with the school. See the full Tuition Schedule to calculate your child's tuition amount.
- **PARENT PARTICIPATION DEPOSIT:** All enrolled families are asked to contribute 15 hours per semester to the school, or to "Buy Out" of your required hours, at the rate of \$20 per hour, and are asked to provide a refundable deposit of \$300 per semester, in 2 separate checks, at the time of enrollment. The deposit will be returned at the end of each semester, pending the completion of service hours. See full details in the Bastrop Montessori Parents Handbook.

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SCHOOL TUITION CALCULATOR

Tuition is calculated for September through May. Summer and Holiday Break Programs will be calculated separately. Sibling Discount is applied to the oldest student enrolled.

Class	Annual Tuition	5% Sibling Discount	Monthly Installments	5% Sibling Discount
Toddlers (18 - ~36 months)	\$7650	\$7267	\$850	\$807
Primary (3 - 6 years)	\$7650	\$7267	\$850	\$807
Lower Elementary (6 - 9 years)	\$7650	\$7267	\$850	\$807
Upper Elementary (9-12)	TBD	TBD	TBD	TBD

SCHOOL SUPPLIES

IMPORTANT: Please make sure that all the children's belongings are media free, including their clothing, shoes, lunch, and water bottles, etc. Example: No Mickey Mouse/Ninja Turtles, but things like hearts, flowers, trucks, and dragons are fine. Please make sure that all items are clearly labeled.

- Lunch box & water bottle
- Cloth nap_mat of [this style](#)
- Two or more sets of extra clothes.
- 4x6 family photo

DAYS AND HOURS OF SCHOOL OPERATION

Bastrop Montessori is open, 8 am – 4 pm, Monday – Friday, Tuesday, September 6 through Wednesday, May 31, 2022, and (mostly) follows the BISD holiday breaks, staff and student breaks, staff development days, weather closings, and delayed starts, but not make-up days

The full school calendar is included in the Application and Enrollment Packet.

IMMUNIZATION RECORDS: DUE AT TIME OF ENROLLMENT

Please attach a copy of one the following documents & initial:

_____ immunization records or

_____ [immunizations Waiver https://www.dshs.texas.gov/immunize/school/exemptions.aspx](https://www.dshs.texas.gov/immunize/school/exemptions.aspx)).

_____ I understand that if my child has not been vaccinated and there is an outbreak of a vaccine-preventable disease at Bastrop Montessori, or in the City of Bastrop, they may be excluded from school for the duration of the outbreak plus the incubation period (Initial only if you are submitting an Immunization Waiver).

HEALTH STATEMENT: DUE AT TIME OF ENROLLMENT

One of the following **MUST** be provided to the office of Bastrop Montessori your child's start date. **You may take this page directly to your physician for a signature, then return it to the school office.**

Child's Full Name: _____ Date of Birth: _____

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature: _____ Date: _____

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
- My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional _____

Parent/Legal Guardian's Signature: _____ Date: _____

Children aged 4 years and older MUST provide Bastrop Montessori with a record of Hearing and Vision Screening at the time of enrollment., or upon their 4th birthday.

Vision	R 20/	L 20/	Pass/Fail	
Signature:			Date:	
Hearing	1000 Hertz	2000 Hertz	4000 Hertz	Pass/Fail
R				
L				
Signature:			Date:	

Date of Application: _____

Preferred Start Date: _____

Sibling Enrolled? _____

FAMILY INFORMATION

Child's Name: _____ **D.O.B.** _____ **Age in Sept:** _____

Child's Primary Address: _____

Child lives primarily with: Mother Father Both Other: _____

Allergies and/or Health Concerns: _____

Parent #1: Name: _____ Cell Number: _____

Email: _____ Driver's License Number: _____

Address: _____

Parent #2: Name: _____ Cell Number: _____

Email: _____ Driver's License Number: _____

Address: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, and a parent cannot be reached, please provide contact information for one person who lives locally.

Name: _____ Phone Number: _____ DL#: _____

Physical Address (Local): _____

The following people have permission to pick up my child:

Name: _____ Phone Number: _____ DL#: _____

Name: _____ Phone Number: _____ DL#: _____

CHILD'S INFORMATION

Potty Independence:

[None] [Showing an interest] [Regular use w/accidents] [Completely independent, including wiping]

Does your child nap? When, for how long, any special routines? _____

Has your child previously attended any type of pre-school or day care center? Please explain: _____

What interests you about Montessori? _____

How does your child respond to boundaries and expectations? _____

How does your child handle frustration? _____

What areas of independence, cooperation, or boundaries are you currently struggling with at home, how have you been dealing with them, and how is that working? _____

What is your method of discipline at home, and how is it working? _____

Are there any areas of early childhood development, including behavior, that you'd like our input on? _____

Do you have any concerns about your child's social/emotional or behavioral development? _____

What else should we know about your family or your child, so that we may support you in their growth and development at home and in the school community? _____

Would you like information about our Elementary programs? _____

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