

BASTROP MONTESSORI

Learning Through Wonder and Discovery

2023-2024

**APPLICATION FOR
ENROLLMENT**

Our Mission at Bastrop Montessori is to provide a nurturing and engaging Montessori Learning Community for children ages 12 months through 9 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

2023-24

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.

023-24 TUITION AND FEES SCHEDULE						
Class	Application Fee	Annual Supplies Fee	Initial Registration Fee	Annual Tuition (Sept - May)	Monthly Installment	Sibling Discount 5%
Infant/Poppies 12 - 24 months	\$100	\$200	\$500	\$8550	\$950	NA
Toddler/Daisies 2 – 3 years	\$100	\$200	\$500	\$8550	\$950	\$8123/\$903
Primary/Sunflowers 3 - 6 years	\$100	\$300	\$500	\$8100	\$900	\$7695/\$855
Lower Elementary/Dandelions 6 - 9 years	\$100	\$400	\$500	\$8100	\$900	\$7695/\$855

PAYMENT AGREEMENT

Bastrop Montessori ("School") and the undersigned parents ("Parents"), by entering into this Enrollment Agreement to enroll their child listed below ("Student") for the 2023-2024 school year, executed by the parents on the signed date below, agree as follows:

1. **Consent:** This agreement is entered into with mutual consent of Parents and the School.
2. **School tuition and charges:** School tuition is due on or before the last business day of each month. The first monthly installment must be paid no later than August 15, 2023, and the final monthly installment must be paid no later than April 30, 2024. Summer fees will be billed separately.
3. **Late fees:** A late fee of \$25.00 may be assessed for each business day that payment is not current and understand that tuition that is consistently late may impact the child's enrollment status at Bastrop Montessori.
4. **Additional fees:** Parents agree that additional fees for school services may be charged during the 2023-2024 school year. Additional fees are due when charged and will be billed and payable through Brightwheel or paid directly to the school or a third party designated by the school.
5. **Payment obligation:** Parents have an individual and joint obligation to pay all tuition and fees under this agreement. Parents' failure to pay any amount when due pursuant to the terms of this Agreement, may, at the School's sole discretion, result in the suspension or dismissal of the Student from the School. Parents shall pay any costs and attorney's fees the School incurs in collection of Parents' outstanding balance.
6. **Payment agreement:** Parents understand and agree that the majority of the School's expenses and obligations are incurred on an annual basis, that financial commitments for School services are made based upon anticipated enrollment, and that the educational operating expenses of School do not diminish with the departure of some students over the course of the school year. Parents understand and agree that, regardless of Student's absence, withdrawal, or dismissal from the School, Parents remain obligated to pay the amount of tuition set forth in sections 3 and 5 of the Agreement.

Our goal at Bastrop Montessori is for all the children in our care to thrive. We consider each child, their needs, and our ability to serve them on a case-by-case basis. Our staff are not specifically trained to serve children with special needs, including dyslexia, dysgraphia, ADD/ADHD, Autism or Asperger's. If you suspect that your child may need extra support to thrive in a choice based, independent learning environment please be sure to indicate that in your application for enrollment, so that we can talk with you about it. If we suspect that a child needs extra support to thrive and learn at Bastrop Montessori, we will contact parents to schedule a meeting, discuss any concerns, and collaborate on support strategies. If a child consistently needs a level of guidance and support disproportionate to their classmates, teachers will contact parents to discuss possible reasons, and collaborate on support strategies that balance the needs of the individual, with the needs of the group and teachers. Teachers or the Director may request that the parents hire an independent consultant to observe the child in the classroom setting and offer suggestions to both the parents and teachers. It is critical that parents stay in close communication with their child's teacher, especially so if the child is struggling to succeed at school. If a child consistently endangers, disrupts, or distracts the learning environment, or if support strategies fail to succeed in a timely manner, or if communication between parents and school breaks down, the school may disenroll the child. Please note that, once a child is enrolled, we will do everything we can to assure that child's success and happiness at school!

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 can be found on the school website: www.bastropmontessori.com

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.

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 school? 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? _____
