

**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](mailto:info@BastropMontessori.com)

2022-23

## APPLICATION AND ENROLLMENT PROCESS

1. **SCHEDULE A TOUR:** Email us at [info@BastropMontessori.com](mailto: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 3<sup>rd</sup> 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.

## 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)	\$6750	\$6233	\$750	\$692
Primary (3 - 6 years)	\$6300	\$5985	\$700	\$665
Lower Elementary (6 - 9 years)	\$6300	\$5985	\$700	\$665
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
- Nap blanket (also media free)
- [Fitted nap mat cover](#) of this style
- We will provide the first [nap mat](#), but if it needs replacing during the year, we'll ask you to provide the replacement.
- Two or more sets of extra clothes.
- Family photo
- **Primary and Lower Elementary:** Six face masks. We ask that masks can be slipped off your child's face, while remaining around their necks, either by design or with an affixed lanyard. We recommend something [like this](#):

## 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:

## 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: \_\_\_\_\_

Are all people over the age of 5 in your family fully vaccinated against Covid19? If not, are there medical reasons for this choice? \_\_\_\_\_

## 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**

Level of potty independence: [None] [Showing an interest] [Regular use of potty w/accidents] [Completely independent, including wiping]

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

\_\_\_\_\_

Has your family been involved with Montessori previously? If so, 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? \_\_\_\_\_