

Montessori Country Day School



2023–2024 School Year Registration Form Primary Program

Child's Name: _____ Birthdate: ____/____/____ Current Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

School District: _____ If your child is 5 years old, will he/she ride bus provided by your district: Y N

My child will be in: Preschool (3 years old) Pre-kindergarten (4 years old) Kindergarten (5 years old)

All rates based on 180-day school year calendar starting 08/29/23 and ending 06/06/24. Any student starting after the first day of the school year or adding additional hours after the start of the school year will have tuition amount adjusted according to the days remaining in the year.

Please check the program you are registering your child for in the 2023–2024 school year.

X	Schedule	Hourly Rate	10 Monthly Payments of:
	AM Only (8:45 to 11:45)		
	2 Day AM (T/Th) *	\$14.93	\$ 336
	3 Day AM (M/W/F) *	\$14.93	\$ 470
	5 Day AM (M T W Th F)	\$ 10.77	\$ 582
	PM Only (12:45 to 3:45)		
	2 Day PM (T/Th)	\$10.77	\$ 242
	3 Day PM (M/W/F)	\$10.77	\$ 339
	5 Day PM (M T W Th F)	\$ 9.60	\$ 518
	AM with some PM (8:45 to 11:45 / 3:45)		
	5 Day AM + 2 Day PM (M T W Th F)	\$ 10.77	\$ 905
	5 Day AM + 3 Day PM (M T W Th F)	\$ 10.77	\$ 1,034
	Full Day (8:45 to 3:45)		
	2 Full Days (T/Th) *	\$ 12.55	\$ 660
	3 Full Days (M/W/F) *	\$ 12.55	\$ 923
	5 Full Days (M T W Th F)	\$ 9.60	\$ 1,210

*These are subject to limited availability.

Additional Care Hours

Before School Care Hours (7:30-8:45)		Monthly Rate	After School Care Hours (3:45-5:00)		Monthly Rate
	2 Day: T / Th	\$ 122.00		2 Day: T / Th	\$ 122.00
	3 Day: M / W / F	\$ 171.00		3 Day: M / W / F	\$ 171.00
	5 Day: M / T / W / Th / F	\$ 293.00		5 Day: M / T / W / Th / F	\$ 293.00
Anticipated Arrival Time:			Anticipated Departure Time:		

FOR OFFICE USE ONLY

Date: _____ Deposit: \$ _____ Cash/Check #: _____ Rm. # _____ Entered into software

A DHS PC-S PC-C EC DCA

Parent /Guardian Information

Name: _____

Same as child

Address: _____

Name: _____

Same as child

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home or Cell Phone: _____

Home or Cell Phone: _____

Email Address: _____

Email Address: _____

Business Phone: _____

Business Phone: _____

Tuition is not reduced due to absence, illness, vacation, or holidays. Tuition is calculated by the number of days in the school year, not in the school month; therefore the ten monthly payments are equal and predetermined.

Registration applications are recorded in the order that they are received. We have limited availability in classrooms as well as in AM/PM Care and children will be placed on a first come, first served basis. After our lists are full, we will begin a wait list which will also be populated in the order that forms and fees are received.

I have read and agree to the registration information.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please return this completed form with a \$50.00 non-refundable registration fee.
Checks can be made payable to "MCDS."