

# Rec'd	<input type="checkbox"/> Attendance <input type="checkbox"/> DHS <input type="checkbox"/> PC student <input type="checkbox"/> PC tuition <input type="checkbox"/> EC <input type="checkbox"/> DCA <input type="checkbox"/> Reg Fee Ck/Rcpt #: _____
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Montessori Country Day School

2024-2025 School Year Registration Form

ELEMENTARY PROGRAM

Child's name: _____ Birth date: _____ / _____ / _____ Current age: _____

Address: _____ City: _____ State: _____ Zip code: _____

Child's school district of residency: _____ Will your child ride the bus? ☐ Yes ☐ No

Has your child ever had or been evaluated for an IEP, ER or 504 plan? ☐ Yes ☐ No

Has your child ever received or been evaluated for support services (speech, OT, etc.)? ☐ Yes ☐ No

ELEMENTARY SCHOOL DAY

2024-2025 Elementary Program				10 Monthly Payments of:		
Grades 1 through 6 (9:00 AM to 3:30 PM)				\$1,270		
<input checked="" type="checkbox"/> Check child's grade:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd	<input type="checkbox"/> 4 th	<input type="checkbox"/> 5 th	<input type="checkbox"/> 6 th

EXTENDED DAYCARE HOURS

Please check the extended daycare hours you wish to register your child for in the 2024-2025 school year:

<input checked="" type="checkbox"/> Before School AM Daycare 7:30 to 8:45 AM	List arrival time	Rate Per Day	10 Monthly Payments of:
2 Day AM Daycare (T/Th)		\$16.25	\$120.25
3 Day AM Daycare (M/W/F)		\$16.25	\$172.25
5 Day AM Daycare (M/T/W/Th/F)		\$16.25	\$292.50
<input checked="" type="checkbox"/> After School PM Daycare 3:45 to 5:00 PM	List pick-up time	Rate Per Day	10 Monthly Payments of:
2 Day PM Daycare (T/Th)		\$16.25	\$120.25
3 Day PM Daycare (M/W/F)		\$16.25	\$172.25
5 Day PM Daycare (M/T/W/Th/F)		\$16.25	\$292.50

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian #1 (Paperwork & questions will be directed to this person first)	Parent/Guardian #2
Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Email: _____ Phone: _____	Email: _____ Phone: _____
Address: <input type="checkbox"/> same as child _____	Address: <input type="checkbox"/> same as child _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

Tuition fees will not be reduced due to absence, illness, vacation, or holidays. To charge equal amounts, we calculate the total days in the school year & divide the total due into 10 monthly installments. These installments are not based on days in a calendar month. Tuition rates listed above are based on a 180-day school year starting 08/27/24 and ending 06/05/25. Students starting or adding hours after 08/27/24 will be charged prorated tuition fees based on the number of days remaining in the school year. Registrations are recorded and processed on a first come, first served basis in the order of receipt. Unpaid and/or incomplete forms will not be processed. Classroom and daycare enrollment is limited by PA state teacher-to-student ratios. When these classes are full, we begin a waitlist populated in the order forms and fees are received.

PARENT/GUARDIAN CONFIRMATION SIGNATURE

Please sign below indicating that you have read & agree to all registration information, policies & fees.	
Parent/Guardian Signature: _____	Date: _____ / _____ / _____

Please submit completed form with a \$100.00 non-refundable registration fee payment (checks can be made payable to "MCDS").