

# 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

TODDLER PROGRAM

Child's Name: _____ Birth date: ____ / ____ / ____ Current age: ____
 Address: _____ City: _____ State: _____ Zip code: _____

SCHOOL DAY SCHEDULE

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

<input checked="" type="checkbox"/>	Half Day (8:45 AM to 11:45 AM)	Hourly Rate	10 Monthly Payments of:
	2 Half Days (T/Th)	\$16.60	\$368
	3 Half Days (M/W/F)	\$16.60	\$528
	5 Half Days (M/T/W/Th/F)	\$13.28	\$717
<input checked="" type="checkbox"/>	Full Day (8:45 AM to 3:45 PM)	Hourly Rate	10 Monthly Payments of:
	2 Full Days (T/Th)	\$12.00	\$622
	3 Full Days (M/W/F)	\$12.00	\$890
	5 Full Days (M/T/W/Th/F)	\$10.08	\$1,270

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 and agree to all registration information, policies and fees.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

Please submit completed form with a \$50.00 non-refundable registration fee payment (checks can be made payable to "MCDS").