

BASTROP MONTESSORI
At
PECAN STREET
Learning Through Wonder and Discovery

APPLICATION FOR
ENROLLMENT PACKET
2021-2022

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.

ENROLLMENT PROCESS

1. **SCHEDULE A TOUR:** Email us at info@BastropMontessori.com to schedule a tour.
2. **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. Due to COVID precautions we are not offering observations while class is in session. Instead, we are offering personal school tours.
3. **REVIEW THE PARENTS HANDBOOK:** Our Handbook outlines a wide range of school policies and practices and covers some basic Montessori Philosophy. If you have any questions about the Handbook please reach out to the Director, Cheryl Kruckeberg.
4. **SUBMIT COMPLETED ENROLLMENT PACKET**, including the \$100 Registration Fee.
 - a. **NOTE: Immunization records and Well Child Letter are due by the child's start date but are NOT required with the initial enrollment packet.**
5. **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, philosophical alignment with school principals and values, and the school's ability to serve the child. Joining the waiting pool requires the submission of full paperwork and the \$100 Registration Fee.
6. **ENROLLMENT:** Once a student has been offered a spot at Bastrop Montessori they are considered enrolled. At that time the deposit, first month's tuition, and supply fees will be due.
7. **ORIENTATION:** Schedule a Class Orientation for the student and at least one parent one week 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 and to become familiar with basic classroom systems.

DAYS AND HOURS OF SCHOOL OPERATION

School Schedule: Bastrop Montessori is open September through May, Monday through Friday, 8:00 am – 4:00 pm, and follows (most of) the BISD Holiday Breaks, Staff and Student Breaks, and Staff Development Days.

2022 Summer Program Dates to Be Determined.

SCHOOL TUITION & FEES

- **REGISTRATION FEE:** There is a one-time \$100 non-refundable registration 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 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.
- **TUITION:** Tuition is \$5400 for the year and may be paid either in one lump sum at the time of registration or paid in monthly installments of \$600. The first month's tuition (non-refundable) is due at the time of enrollment. School tuition is calculated based on the full school year, regardless of days attended, or early withdrawal, and is due on the last day of the preceding month. If the last day falls on a weekend or school holiday, payment is due on the Friday before. Tuition is considered late on the 3rd 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.

IMMUNIZATION RECORDS

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:

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 age 4 years and older MUST provide Bastrop Montessori with a record of Hearing and Vision Screening.

Vision	R 20/	L 20/	Pass/Fail	
Signature:			Date:	
Hearing	1000 Hertz	2000 Hertz	4000 Hertz	Pass/Fail
R				
L				
Signature:			Date:	

PARENTS AGREEMENTS

ACCOUNT AGREEMENT: Please initial beside each agreement.

_____ I understand that tuition is for the full school year, regardless of payment plan, days attended or my child's completion of the school year, and that if my child is unable to complete the school year I agree to continue to pay the full tuition until my child's spot in the class has been filled, and the contract is dissolved by the Director.

_____ I agree to pay tuition by the last day of the preceding month. If the last day falls on a weekend or school holiday, I will payment on the Friday before, and understand that a late fee of \$25 will be applied if my tuition arrives after the 3rd day of the month. I further understand that consistently late tuition may affect child's status with the school.

_____ I understand that, in the event my account is turned over to an agency or attorney for collection, reasonable attorney fees, plus all attendant collection costs, or court costs will be paid by the listed Parent or Guardian.

POLICY AGREEMENTS: Please initial beside each agreement.

_____ I have read and agree to comply with the guidelines in the Bastrop Montessori Handbook.

_____ I agree to bring any concerns that I have directly to my child's teacher or the director, and to refrain from gossip with others.

_____ Bastrop Montessori personnel may take my child to an emergency care facility if needed.

_____ I agree to have my child to attend school regularly and to arrive on time (unless sick or by pre-arrangement with teacher).

_____ Bastrop Montessori personnel may administer medications that I provide.

_____ Bastrop Montessori personnel may transport my child on announced field trips.

PLEASE INDICATE YES OR NO:

_____ Bastrop Montessori personnel may use photo/video and sound recordings of my child in marketing and promotion materials. NOTE: Children's names will NEVER be used.

_____ Bastrop Montessori personnel may to post my child's pictures/video on the school's private Facebook Group.

_____ Bastrop Montessori personnel may publish our names, address, email addresses and phone numbers in the school directory (distributed to current parents, guardians, and staff members only).

_____ I understand that the primary method of communication from school to parents is through the Parents at Bastrop Montessori email group and agree to stay informed of school matters by checking my email regularly.

_____ Bastrop Montessori personnel may administer bug-spray or sunscreen.

_____ My child may participate in water play at Bastrop Montessori.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian 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: _____

Address: _____

Driver's License Number: _____

Parent #2: Name: _____ **Cell Number:** _____

Email: _____

Address: _____

Driver's License Number: _____

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

Please indicate your child's level of potty independence: [Not at all] [Starting to show an interest] [Regular use of potty w/accidents] [Completely independent, including wiping]

Has your child previously participated in any type of pre-school or day care center? Please explain:

Has your family been involved with Montessori previously? If so, please explain: _____

Why are you interested in Bastrop Montessori at this time? _____

Do you anticipate keeping your child at Bastrop Montessori through their kindergarten year? _____

What are your child's special interests? _____

What is your method of discipline at home, and how is it working? _____

How does your child respond to boundaries and expectations? _____

How does your child handle frustration? _____

Do you have any concerns about your child's social/emotional or behavioral development? _____

Is there anything else that we should know about your family or your child, so that we may support their growth and development in the school community? _____

OFFICE USE ONLY

Child's Name: _____ D.O.B. _____ Age in Sept: _____

Student is: [New] [Returning]: Date of original enrollment: _____

Primary Parent's Name: _____

Tour Date: _____ Observation Date: _____ Orientation Date: _____ Start Date: _____

App Received on: _____ Days and Hours in Care: _____

Tuition Agreement: Annual Payment _____ Monthly Payment _____

The following have been completed:

- ☐ How did this family hear about Bastrop Montessori? _____
- ☐ Account Agreement Page
- ☐ Completed Admissions Packet
- ☐ Handbook Signature Page
- ☐ Vaccination Records or Waiver
- ☐ Vision and Hearing Records
- ☐ Good Health Letter from Doctor
- ☐ Permission to transport to Emergency Room
- ☐ Joined Email Group
- ☐ Joined Bastrop Montessori Community Facebook Group
- ☐ All items from student checklist

Office Notes:
