



(Attach a current Photo of your child)

Office use only

Date Rec. _____

Ck # _____

Enrollment \$ _____

½ payment \$ _____

Conf. Sent _____

Forms Sent _____

4 & 5 YEAR OLD KINDERGARTEN

2023-2024 Enrollment Application

Children must be 4 years old on or before September 1st and enrolled for 5 mornings per week.

Application Date _____ Desired Start Date _____ Returning Student Yes or No

Child's Name _____ DOB _____ M/F _____

first/middle/last

month/day/year

Ethnicity _____ Primary Language _____ Email for Family _____

Emergency contact during school _____ Phone # _____

Father's Name _____ Home Phone _____ Cell/Pager _____

first/last

Home Address _____ City _____ State _____ Zip Code _____

Father's Occupation/Employer _____

Employer Address _____ Work Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____

Home Address _____ City _____ State _____ Zip Code _____

Mother's Occupation/Employer _____

Employer Address _____ Work Phone _____

Please check one: Married _____ Divorced _____ Seperated _____ Other _____

Where did you hear about Amy Montessori _____

- I would be interested in Summer Programs at Amy Montessori School.
- I give AMS permission to use my child's image for promotional materials.

CLASS OFFERINGS/2023-2024 MONTHLY TUITION FEES

TUITION PAYMENTS ARE DUE THE FIRST OF EACH MONTH-cash or check

4 and 5 Kindergarten 9:00 a.m. to 12:00 noon M-F **\$556.00/~~\$278.00~~**

With **1** Extended Day 12:00 noon to 3:30 p.m. **\$645.00/~~\$323.00~~**

With **2** Extended Days 12:00 noon to 3:30 p.m. **\$733.00/~~\$367.00~~**

With **3** Extended Days 12:00 noon to 3:30 p.m. **\$816.00/~~\$408.00~~**

With **4** Extended Days 12:00 noon to 3:30 p.m. **\$892.00/~~\$446.00~~**

With **5** Extended Days 12:00 noon to 3:30 p.m. **\$968.00/~~\$484.00~~**

Select Extended Days: MON TUES WED THUR FRI

Please check if Interested in:

- Before Care:** 7:30 a.m. to 9:00 a.m./available M-F for \$4.00 per half hour.
- After Care:** 3:30 p.m. to 5:30 p.m./available M-F for \$4.00 per half hour.

We hereby apply to Amy Montessori School for the program (s) stated on this application for the 2023-2024 entire school year for the beginning date of ___ / ___ / ___.

Accompanying this application is the enrollment fee of \$75.00 along with a **½ month tuition**. If you are registering siblings, your enrollment fee is \$100. **I understand that these payments are non-refundable.** I understand that in order to hold my spot the second ½ of tuition is due by August 1st. If applying after August 1st the full month tuition is due with application. Tuition fees are expected by the first of each month. A \$15 late fee will be applied if you are more than 5 days past due.

We have read the Enrollment and Payment Policies (attached) and understand and agree to the terms.

Signature of Mother/Parent/Guardian

Date

Signature of Father/Parent/Guardian

Date

Please drop off or send completed form and fees to:

**Amy Montessori School
16945 W. North Avenue
Brookfield, WI 53005**

Amy Montessori School does not discriminate against students of any race, gender, color, national or ethnic origin to the rights, privileges, programs and activities available at our school.