

Please print clearly. Thanks!

| Student's Full Legal Name: _ | | | |
|------------------------------|---------|-------|---------------------------|
| Birth date: | Gender: | _ Но | ome phone: |
| Address: | | | |
| Parents/Guardians: | | | |
| Names: | | | |
| Address: | | | |
| | | | |
| Home phone: () | | | () |
| Work phone: () | | | () |
| Cell phone: () | | | () |
| Occupation: | | | |
| Company name: | | | |
| Email address: | | | |
| Names of siblings: | | Ages: | Lives with/without child: |
| | | | |
| | | | |

| Emergency Contacts: | | | | | | |
|-------------------------|--------------------|---------------------------|-------------------|------------------|------------------|--|
| Name | Relationship | _ (<u></u>)_ Home | phone | () Ce | ell phone | |
| Name | Relationship | tionship () Home phone | | () C | () Cell phone | |
| Persons authorized to p | ick up my child: | | | | | |
| Name | Relationsl | hip [| Days of the | week | | |
| Name | Relations | hip [| Days of the week | | | |
| Primary Care Physician: | Name | | | () Office Pr | none | |
| Dentist:Name | | _ | () Office Pho | ne | | |
| Medical Conditions/Alle | ergies: Medicati | ions need | ded: Frequ | ency: | Last occurrence: | |
| Other important inform | ation including sp | pecial inst | ructions/ch | ild custody | - y: | |
| I authorize | CCMS to secure | emerger | ncy medico | al treatmer | nt for my child. | |
| Recommended by: | | | | | | |
| Parent's Signature: | | | Date: | | | |

^{*} Crescent City Montessori School is a registered trade name of Absorbent Minds, LLC



If you would like your child to attend Crescent City Montessori School, please submit your application and fee to be placed on the wait list.

SCHOOL HOURS AND FEES

| 7:30 am to 8:00 am | Before Care | \$2.00 per day |
|--------------------|--------------|----------------------------------|
| 8:00am to 3:00 pm | School Hours | Students should arrive by 8:30am |
| 3:01 pm to 6:00 pm | After Care | \$4.00 per hour |
| After 6:00 pm | | \$10 per 15 minutes |
| • | | • • |

REGISTRATION AND OTHER FEES

| \$25 | Application fee to be sent in with application | * non-refundable |
|-------|--|------------------|
| \$375 | Registration and supplies due upon acceptance | * non-refundable |

Checks can be made payable to Crescent City Montessori School.

PAYMENT SCHEDULE OPTIONS

- 1 payment of \$4750 by September
- 3 equal payments of \$1650 due in September, December, and March
- 6 payments of \$550 and 1 payment of \$1650 due March
- 6 equal payments of \$700 from September through February and 1 of \$750 in March
- 7 payments of \$550 and 2 payments of \$575 for April and May

Feel free to set up an appointment to come tour the school.

^{*}All Fees are subject to change

^{*}Payments are due by the morning of the 5th each month or a \$25 late fee will be charged.

^{**}All tuition should be paid by March. A \$25 fee is added if an extension is needed.