

**Dulles Montessori School.  
A Montessori Children's House**

**APPLICATION AND ADMISSION CONTRACT**

Child:		Nickname:	Sex:	Birth date:
Street Address:		City:	State:	Zip:
Names and Ages of Siblings				Grade
Names & locations of previous Child Day care programs/Schools Attended: (DMS reserves the right to contact the previous daycare providers)				
_____ Dates (from) _____ (to) _____				
_____ Dates (from) _____ (to) _____				
How were you referred to Dulles Montessori School ?				
<b>PARENTS/GUARDIAN INFORMATION.</b>				
Father Name:		Place Employed	Cell Phone/Pager	Email Address
Home Address:				Home Phone:
Business Address:			Business Hours:	Business Phone:
Mother Name:		Place Employed	Cell Phone/Pager:	Email Address
Home Address:				Home Phone:
Business Address			Business Hours:	Business Phone
Person(s) or Agency Having Legal custody of Child:				
Home address:				Home Phone
Business Address:				Business Phone
<b>EMERGENCY INFORMATION</b>				
Medical Conditions/ Pertinent Developmental Information/ Special Accommodations needed				
Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency				
Child's Physician:		Street Address:		
		City:	State:	Zip:
				Phone:
Name of Emergency Contact if Parent(s) Cannot be Reached (two contacts required):				
1)		Street Address:		
		City:	State:	Zip:
				Phone:
2)		Street Address:		
		City:	State:	Zip:
				Phone:
Person(s) authorized to visit, call or pick up child				
Person(s) NOT authorized to visit, call or pick up child*				
My Child's name, address, pictures and phone number may be included in the Dulles Montessori School Directory YES: _____ NO: _____				
Child's Name:		Parent's name or Names:		Phone:
Address:		City:	State:	Zip:
Photographs may be taken of my child within the classroom, on school grounds and fieldtrips for use in articles, brochures, websites etc., YES: _____ NO: _____				

\*Appropriate custodial paperwork shall be attached if a parent is not allowed to pick up the child

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**INFORMATION AND AGREEMENT**

**PART 11. AGREEMENT TO BE COMPLETED BY PARENT(S) OR GUARDIAN**

I hereby agree to place \_\_\_\_\_ in the care of Dulles Montessori School between the hours of \_\_\_\_\_ for five days a week, every month of the Fairfax County Public School calendar year.

- I agree to pay \$ \_\_\_\_\_ per month for the care of this child. Payments are to be made monthly or annually.
- I agree to arrange for the necessary medical examination and immunizations for my child prior to or within 30 days after enrollment and I will provide updated immunization reports as required thereafter; or I will submit the necessary documentation for medical or religious exemption from these requirements.
- I agree to pick up or arrange to have my child picked up as soon as possible when notified that he or she develops symptoms of a communicable disease: an oral temperature of 101 F or an armpit temperature of 100 F, or recurrent vomiting or diarrhea.
- I understand that in case of an emergency due to illness, the provider will contact the parents or guardian; if the parent(s) or guardian is not available or cannot be reached; the provider will notify the designated emergency contact to pick up the child.
- I authorize Dulles Montessori School to obtain immediate medical care, to provide or arrange for emergency transportation to the nearest emergency medical facility for my child, if an emergency occurs and I cannot be located immediately. I have completed, signed, and dated the child's emergency medical authorization form.
- I understand that Dulles Montessori School will be notified within 24 hours or the next business day after my child or any member of the immediate household has developed a reportable communicable disease, as defined by the state Board of Health, except for life threatening diseases, which must be reported immediately.
- I understand that the Dulles Montessori School may give nonprescription medication only as directed by the instructions on the original container and with my written consent.
- I understand that Dulles Montessori School may give prescription medication only as directed by the authentic prescription label and with my written consent.
- I understand the requirement for staff to report suspected child abuse or neglect as required by 63.1-248.3 of the Code of Virginia.
- I authorize Dulles Montessori School to use a substitute provider as necessary.
- I understand that authorization for field trips will be given on an individual basis.
- I agree to allow a provider, substitute provider or an assistant to transport my child as necessary.
- I have reviewed the discipline policy including the acceptable and unacceptable discipline methods incorporated by the Dulles Montessori School.

Signature of Parent(s) or legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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**PART 111: AGREEMENT TO BE COMPLETED BY DULLES MONTESSORI SCHOOL**

I, \_\_\_\_\_ licensed by the Virginia Department of Social Services to care for children at Dulles Montessori School, agree to provide services to \_\_\_\_\_ being enrolled on the \_\_\_\_\_ day of \_\_\_\_\_ during the specified hours.

- I agree to notify the parent(s) or guardian if they can be located, or the designated emergency contact named in Part 1, whenever the child develops symptoms of an illness or exposed to a communicable disease as defined in part V1, article 3 of the Minimum Standards for Licensed Family Day Home.
- I agree to notify the parent(s) or guardian immediately of major injuries and accidents. I will report minor injuries and accident to the parent(s) or guardian on the day these occur.
- I agree to obtain immediate medical care for the child, to provide or arrange for emergency transportation to the nearest emergency medical facility, if an emergency occurs and the parent(s) or guardian cannot be located immediately.
- I agree to give nonprescription medication only as directed by the instruction on the original container and with written consent from the parent(s) or guardian.
- I have reviewed the discipline policy including the acceptable and unacceptable discipline methods with the parent(s) or guardian.
- I agree to provide the parent(s) or guardian with the general daily routine to be followed at Dulles Montessori School.
- I agree to require written permission from the parent(s) or guardian before any planned fieldtrip.
- I agree that the Dulles Montessori School has an open door policy, which permits the parent(s) or guardian to visit and pick up the child at any time.

Signature of Dulles Montessori School Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

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**FEE SCHEDULE**

**THE SCHOOL YEAR TUITION**

Dulles Montessori School is pleased to offer a 10-month tuition contract for the academic school year that runs from September 02, 2008 to June 18, 2009. An Application and Enrollment fee of \$150.00 is required along with the Application Form. A deposit of one month tuition is required by August 1, 08 and will be applied as tuition for the month of June 09. An Activity Fee of \$175.00 is due along with the September tuition. Dulles Montessori School offers a six-week summer camp program from July 06 to August 14, 09. The Application Form along with the summer camp tuition is due by April 1<sup>st</sup>.

**APPLICATION / ENROLLMENT FEE**

- Application/ Enrollment Fee (non refundable) along with the application package for new student-----\$150.00
- Re Application/ Enrollment Fee (non refundable) for returning student along with the application package-----\$100.00
- Activity Fee to be paid along with the September tuition-----\$175.00

**PROGRAM AND TUITION SCHEDULE**

<b>BEFORE CARE PROGRAM:</b>	7:30AM TO 8:40AM	\$100
<b>PRIMARY CLASS:</b>		
HALF DAY PROGRAM (NO LUNCH)	8:45AM TO 12:00PM	\$695
EXTENDED DAY PROGRAM (3YR - 4 1/2 YR)	8:45AM TO 2:45PM	\$825
JUNIOR KINDERGARTEN PROGRAM (4 1/2 YR - 5YR)	8:45AM TO 2:45PM	\$850
KINDERGARTEN PROGRAM (5 YR BY DEC 31 <sup>ST</sup> )	8:45AM TO 2:45PM	\$900
<b>AFTERCARE PROGRAM:</b>		
EXTENDED DAY PROGRAM	8:45AM TO 4:00PM	\$925
	8:45AM TO 5:00PM	\$1025
	8:45AM TO 6:00PM	\$1125
JUNIOR KINDERGARTEN PROGRAM	8:45AM TO 4:00PM	\$950
	8:45AM TO 5:00PM	\$1050
	8:45AM TO 6:00PM	\$1150
KINDERGARTEN PROGRAM	8:45AM TO 4:00PM	\$1000
	8:45AM TO 5:00PM	\$1100
	8:45AM TO 6:00PM	\$1200
<b>OCCASIONAL CARE</b>		\$10.00/Hr

**TERMS AND CONDITIONS OF ENROLLMENT**

The child and parents agree to abide by the rules and regulations set by the School for health, safety and welfare of the child. All group or grade placements of pupils are solely at the discretion of the School. Placement of the student is subject to change. The School reserves the rights to deny, cancel, sever or suspend child's enrollment if deemed in the best interest of the School. The School will follow the discipline policy as outlined in the Dulles Montessori School Handbook. The Dulles Montessori School admits students of any race, religion, creed, color and national or ethnic origin. The Dulles Montessori School considers the records of all students to be confidential information available to a child's parents or guardian upon request. Records will only be released to other schools or agencies upon signed request from a parent or guardian. An Application and Enrollment fee of \$150.00 is due along with the Student Application Form for enrollment at DMS. The tuition is to be paid on a ten-month installment contract with Dulles Montessori School. Families choosing to pay the full tuition on or before August 1 will receive a 3% discount. Families choosing the ten month payment contract will make ten payments (August 01- May 01). The first tuition installment is to be paid by August 01 and this payment will serve as a NON REFUNDABLE tuition deposit and will be applied ONLY as tuition for the month of June (last month of the academic year). The other nine tuition installments are payable from September 1 to May 1. All payments are due on the first of each month and are non- refundable. The tuition deposit will be refunded back to the parents only if the student has to withdraw from our school program for any reason by March 30 of the school year. No refunds or changes in the tuition contract will be made after April 1<sup>st</sup> of the coming school year. A late fee of \$25 will be added to all payments received after the 10<sup>th</sup> calendar day of the month. A fee of \$50 will be added to all return checks. A late fee of \$2 for every five minutes will be applied if children are picked up later than 1:10 pm for the Half Day Program, 3:10 pm for the Extended /Kindergarten Program and after 6:10pm for the Aftercare program. Enrolling siblings will receive a 3% tuition discount. The discount is applied to the lesser of the tuitions paid and cannot be combined. No refunds will be made for days missed due to illness, snow or holidays planned during the contracted school year. A thirty-day (30) written notice of your intention to withdraw your child is required by the School.

Signature of Parent(s) or legal guardian

Date

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**PROOF OF IDENTITY  
FORM INSTRUCTIONS**

In an effort to help identify missing children, the Virginia Department of Social Service now requires us as a School offering child care, to ask for information pertaining to a child's previous, if any, school attendance. Parents are also asked to present the school with proof of the child's identity and age.

In compliance with this regulation, Dulles Montessori School asks that you provide us with that requested information. Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of the child's birth (hospital, physician, or midwife record), or a passport. In the case of adoption, a placement agreement or other proof of the child's identity from a child placement agency is acceptable.

We ask that you provide us with this information at the time of your child's enrollment or by his or their first day of school. Please understand, we do not need to keep the original document. We only need to transfer the information onto a form for the child's file.

Thank you for your assistance in this matter.

Child's Place of Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Other Form of Proof of Age & Identity: \_\_\_\_\_

Date documentation viewed: \_\_\_\_\_

Signature of Dulles Montessori School Administrator: \_\_\_\_\_

Date: \_\_\_\_\_