



Montessori Academy
1400 Park Lane
Eagle, Idaho 83616
Tel: 208-939-6333
Fax: 208-939-6636

Dear Applicant:

Thank you for applying to the Montessori Academy elementary program. The first day of school is September 2. The hours of school are Monday through Friday 8:30 am—2:45 pm. The after school program is open until 6:00 pm. We are currently accepting applications for this program. We must receive all applications by March 3. You will be notified of your acceptance by April 19.

To assist you in the application process, please follow these steps:

1. Complete the application.
2. Attend the informational meeting on: **February 6th, 6:30-8am at Montessori Academy**
3. Turn in the application and the application fee no later than Thursday, March 3, 2014
4. Send in your child's non-refundable deposit of \$767 to Montessori Academy
5. For applicants currently at schools other than Eagle and Parkcenter Montessori, please fill out and send the Student Record Release Form. Be sure to follow up with the current school to make sure the records have been forwarded to Montessori Academy.
6. If you have not heard from us by April 19, please call the school.

Thank you for your interest in the elementary program. We are confident that your family will continue to enjoy the Montessori experience you are looking for. ***We do not however take teacher requests.*** Classroom placements will be decided by collaborative efforts of the Administration, your child's current teachers, and the Elementary Team. We must provide a balance of ages, grades, gender, openings, and other to ensure that classrooms are well balanced.

If you have further questions, please do not hesitate to call us at Montessori Academy at 939-6333.

Sincerely,

Mike and Jody Malterre
Administrators

Why Required Parent Education?

One thing that makes our Montessori school unique is our emphasis on not just the academics, but also on something called Adlerian philosophy. Maria Montessori and Alfred Adler lived at the same time and shared the same ideals. While Montessori was focusing on how children learn, Adler was focusing on how and why people, especially children, behave the way they do. Though they lived far from each other, they each gave much credit to one another.

We have found that our program is more complete with the blending of these philosophies. We use the ideas of Montessori in our academic studies. We apply Adler's ideas to direct and re-direct children towards actions that benefit themselves as well as the entire class. Because we want to empower children to make responsible choices throughout their lives, we use the "Adlerian tools" of encouragement, class meetings and respectful consequences to help teach life lessons.

Student success at school is highly linked to the home/school partnership. Because we have experienced the success of complimenting the Montessori lessons with positive behavior management, we want our parents to understand and support these ideas at home. We have developed a condensed version of the Positive Discipline model which is used by all of our teachers and many of our parents. By attending this class, you may experience the following benefits:

- Gain understanding in the use of classroom and family meetings
- Learn the goals of misbehavior and how to re-direct them
- Brainstorm solutions to common problems with other parents
- Discover new ways to really encourage your child
- Develop friendships with other parents in your child's class

We are confident you will enjoy the long term benefits of this short term investment. The classes will be offered in the evening during the school year. For your convenience, we are offering the class at both of our locations. The five hour class is held over two evenings from 6-8:30pm. It is required that you attend both evening classes.

The dates and times are as follows:

Monday September 22th and Monday September 29th from 6:30-8:30pm



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STUDENT RECORD RELEASE

To: School Administrative Office

From: Montessori Academy

The student listed below has applied for enrollment in Montessori Academy elementary program, located in Eagle. Acceptance to this school is partially dependent on his or her school records. Would you please send or fax a copy of the candidate's current and past records to the address or fax number listed above?

Please include the following:

- Assessment forms
- Test scores
- Academic records
- Behavior records

We appreciate your assistance. Thank you.

Student's name _____

Current school _____

Number years attending school _____

Current teacher _____

School's phone number _____

My child has applied for enrollment for _____ grade at Montessori Academy.
Please release all students records to the school. Thank you.

Parent Signature _____ Date _____



ADMISSION INFORMATION

Child's Full Name _____ Sex _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Mother/Guardian's Full Name _____ Home Ph. _____ Cell Ph. _____

Address (If different) _____ City _____ State _____ Zip _____

Business Name _____ Work Phone _____

Father/Guardian's Full Name _____ Home Ph. _____ Cell Ph. _____

Address (If different) _____ City _____ State _____ Zip _____

Business Name _____ Work Phone _____

E-Mail Address _____

Person who will assume responsibility for child if the parent or guardian cannot be reached:

Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Business Name _____ Work Phone _____

1. Does the school have permission to telephone the child's doctor if necessary? Y N

2. If the child's doctor is not available, does the school have permission to telephone the school's emergency care facility and/or call an ambulance if necessary? Y N

3. Does the school have permission to authorize medical care if the parent/guardian cannot be reached? Y N

4. Is the child allergic to any medications? Y N
If yes, what? _____

5. Requests related to medical emergencies _____

IDENTIFICATION AND EMERGENCY INFORMATION

Child's Full Name _____ Sex _____ Birth Date _____

Persons your child may be released to:

Name _____ Phone _____ Relationship _____
Work _____

Name _____ Phone _____ Relationship _____
Work _____

Name _____ Phone _____ Relationship _____
Work _____

Name _____ Phone _____ Relationship _____
Work _____

Name _____ Phone _____ Relationship _____
Work _____

Name _____ Phone _____ Relationship _____
Work _____

Physician to be called in an emergency:

Name _____ Phone _____

Address _____

Dentist to be called in an emergency:

Name _____ Phone _____

Address _____

It is okay for the school to include my address and phone number to be included in the school directory.

Yes No

It is okay for the school to take pictures of my child and use the photographs for school related purposes only.

Yes No

CHILD'S HISTORY AND HEALTH INFORMATION

Child's Full Name _____ Sex _____ Birth Date _____

Parent(s) or Legal Guardian(s) _____

Name and Ages of Other Children in Family _____

Describe any previous school experience including the child's age at time of enrollment.

Describe how your child reacted to previous school settings or other experiences involving children or child care.

Describe your child's relationships with his/her parents or guardians and siblings.

Describe any relevant personality or social traits.

Birth: Full Term _____ Premature _____ Toilet training started at _____

Does the child have regular medical care? _____ Age child walked ? _____ Talked ? _____

Developmental abnormalities? _____

Serious illnesses or accidents? _____

Health or eating problems? _____

Special diet? _____

Food dislikes? _____

Medications? _____

Allergies to drugs or foods? _____

Does the child have frequent colds? _____ How many in the last year? _____

Does the child sleep well? _____ Time they get up? _____ Time they go to bed? _____

Does the child have regular bowel movements? _____ What is the usual time? _____

Word used for bowel movement? _____ Urination? _____

What is the plan for care when the child is ill? _____

Please check illnesses that child has had and specify approximate dates of illness

Chicken Pox _____

Whooping Cough _____

Ten Day Measles _____

Asthma _____

Rheumatic Fever _____

Three Day Measles _____

Diabetes _____

Hay Fever _____

Epilepsy _____

Poliomyelitis _____

AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent, parents or legal guardian(s) of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and of the staff of any acute general hospital holding a current license to operate a hospital from the State of Idaho. It is understood that this authorization is given in advance of any specific diagnosis, treatment of, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This consent shall remain effective until child is no longer enrolled (or parent specifies otherwise).

List any restrictions _____

Signature of Parent or Guardian _____ Date _____

Telephone where parents/guardians can be reached

Mother/guardian _____

Father/guardian _____

Family Physician _____ Phone _____

Insurance Company _____ Policy/Group # _____

INFORMATION FROM THE HEALTH OFFICE

STUDENTS WILL BE SENT HOME FOR ANY OF THE FOLLOWING REASONS:

- Biting
- Fever
- Rash
- Vomiting and/or Dysentery
- Persistent cough
- Persistent runny nose
- Any nasal discharge other than clear
- Suspicion of a communicable disease
- Any wound or sore not properly covered that is oozing or draining
- Inability to participate in normal school activities due to illness or fatigue

RETURN TO SCHOOL

If a student is sent home with a rash or communicable disease; a note from a physician is required to return to school. The note should include diagnoses and that the student is not contagious and able to return to school and normal school activities.

FEVER

A Student with a fever, or who is sent home from school due to having a fever, must be fever free for 24 hours before returning school.

VOMITING

A student who has been vomiting or has had diarrhea, or who is sent home from school due to those symptoms, must be free from all related sign and symptoms for 24 hours before returning to school.

ANTIBIOTICS

If antibiotics are prescribed for a student, they must be on the antibiotic for 24 hours before returning to school.

MEDICINE AT SCHOOL

The school can administer prescription medication only. Prescription must be current and for the student it is being administered to. All medication should be checked into the front desk and parent/guardian is required to fill out a Medication log.

_____ Parent's initials

IMMUNIZATION HISTORY

Idaho IDAPA 16.02.15 requires all students enrolled in public or private schools to provide the school a copy of your immunization records by the first day of enrollment.

Students can be admitted on a conditional basis if immunization records are not current. Parents will need to complete a Conditional Admittance Agreement in which you will be required to be fully compliant at the end of 14 school days.

Failure to submit immunization records in accordance with IDAPA 16.02.14, section 1 02.03, will result in your child being excluded from school until immunization conditions have been met.

Idaho law does provide statutes for families that have personal, medical, or religious reasons for withholding immunization from their children. If your family falls into this category, you must complete the Idaho Immunization Exemption Form and have it signed by your child's pediatrician.

All forms necessary for either Conditional Admittance or Idaho Immunization Exemptions are available at your school of choice.

Please provide the school with either a faxed copy of your child's immunization record from your doctor's office or provide us with a legible copy of your child's immunization card upon enrollment. All records need to include the month, day, and year of the immunization.

Forms Needed (please check all that apply)

- State Exemption Form
- Conditional Admission Form

Is your child on a delayed Immunization schedule? If yes, please provide a statement from your child pediatrician indicating when your child will be due for his/her next immunizations.

SIGNATURE SHEET

Child's Name _____ Starting Date _____

I have received, read and understand the following forms, and will comply with the policies set forth by Eagle Montessori Services Inc., doing business as Montessori Academy.

Forms received:

- Admission Agreement
- Fee Schedule
- Parent Education Information
- School Records Release Form
- School Calendar
- Admission Information
- Identification and Emergency Information
- Child's History & Health Information
- Authorization to Treat a Minor
- Information From the Health Office
- Physician's Report and Immunization History
- Parent Handbook-Available on our Website www.boisemontessori.com

Signature of Parent/Guardian _____ Date _____

ADMISSION AGREEMENT

THIS ADMISSION AGREEMENT (this "Agreement"), is entered into this ___ day of _____, 20___, by and between _____ ("Parent"), and Eagle Montessori Services, Inc., an Idaho corporation doing business as Montessori Academy, located at 1400 Park Lane Eagle, ID 83616 ("School").

Recitals

WHEREAS, Parent is either the parent or legal guardian of _____, whose date of birth is _____ ("Student"); and

WHEREAS, Parent wishes to enroll Student into one of School's elementary education programs, and School wishes to have Student enrolled into one of School's elementary education programs, subject to the terms and conditions contained herein.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, School and Parent hereby agree as follows:

A. BASIC SERVICES

School shall provide Student the following basic services:

Program: Student shall be enrolled in at Montessori Academy

_____ Elementary school program M-F from 8:30am - 2:45pm.

_____ After school program between 2:45 pm - 6:00 pm.

_____ Grade

Enrollment: Student is enrolled for the entire academic school year in the elementary grade indicated above; or if the Student enrolls after the beginning of the academic school year, for the remainder of the academic school year.

Withdrawal of Student: In the event of the withdrawal of the Student prior to the end of the academic school year, the School must be notified in writing stating the reason for such withdrawal. Unpaid tuition for the remainder of the academic school year shall continue to be due and payable notwithstanding any early withdrawal.

Termination of Enrollment by the School: If, in the sole opinion of the Director of the School, it is determined that continued attendance and enrollment of the Student at the School is not appropriate due to unacceptable behavior problems or that the Student is either not ready or adaptable for a Montessori program, the Student shall be withdrawn. Unpaid tuition for the remainder of the academic school year shall continue to be due and payable notwithstanding any early withdrawal. Re-enrollment of the Student shall be at the sole discretion of the Director of the School.

Destruction of School Property: Parent agrees that in the event Student destroys any School property, Parent will reimburse School for the entire cost of repair or replacement of such property, as determined by the School in its sole discretion.

Tuition and Conditions: Parent agrees that tuition is an annual fee for the entire academic school year, based on the payment plan selected for the Student. No portion of the tuition paid or outstanding will be refunded or canceled in the event of absence, holidays, vacations, withdrawal or termination from the School.

Tuition Schedule: Parent acknowledges receipt of a copy of the Tuition Schedule which is attached hereto and made a part hereof, and that there is indicated thereon the appropriate payment plan selected for the Student.

Payment: Payments under the monthly payment plan are billed on the 20th and due on or before the 1st of each month. A late fee of 10% will be added to the payment if the payment is not received by the 15th of any given month. Any payment not received within fifteen days of its original due date shall also accrue interest at the rate of twelve percent (12%) or the highest rate allowed by law, whichever is less.

Parent Education: All parents and/or guardians of all Students shall be required to attend a six hour class (spread over multiple sessions) which outlines the Montessori and behavior management philosophies followed by the School. Parent will be given several options for attending this class.

B. ADDITIONAL OBLIGATIONS OF PARENT

1. Parent shall furnish requested medical information on or before the Student's first day of school.
2. Parent shall sign the Student out before taking the Student from School.
3. Parent shall notify the School, in writing, when someone other than those named on the emergency information card will be picking the Student up from School.
4. Parent shall provide the Student with a nutritious lunch. Contents should follow guidelines as specified in the Nutritional Guidelines.
5. Parent shall see that the Student is dressed appropriately when brought to School in accordance with the school guidelines.
6. Parent shall notify the School when the Student is (or will be) absent for more than two days.
7. Parent shall come to School conferences when asked to do so by the staff.
8. School may require the Student and/or Parent to attend conference(s) with the School personnel regarding the matters that potentially warrant dismissing the Student from the School. Parent may request a conference with School personnel regarding the matters that potentially warrant dismissal. School's Director or staff have the sole right and responsibility to determine any disputed factual matters regarding termination of Student from the School.

C. OTHER

Entire Agreement. This Agreement supersedes all prior agreements and understandings between School and Parent and this Agreement, together with the Parent Handbook, expresses the whole and entire agreement between the parties hereto.

Severability. It is the desire and intent of the parties that the provisions of this Agreement shall be enforced to the fullest extent permissible under the laws applied in each jurisdiction in which enforcement is sought. Accordingly, if any particular provision or portion of this Agreement shall be adjudicated to be invalid or unenforceable, this Agreement shall be deemed amended to delete there from the portion thus adjudicated to be invalid or unenforceable, such deletion to apply only with respect to the operation of this Section in the particular jurisdiction in which such adjudication is made.

Governing Law. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Idaho.

Assignment. Parent may not assign or delegate any rights, duties or obligations hereunder unless pre-approved in writing by School.

Amendments. No provision of this Agreement shall be amended, revoked or waived except by an instrument in writing signed by the party sought to be charged with such amendment, revocation or waiver. Notwithstanding the foregoing, School shall have the absolute right to amend, revoke or waive any provision in the Parent Handbook without the consent of Parent and, in such event, Parent agrees to comply with any such amendment, revocation and/or waiver.

Binding Effect. This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective legal representatives, heirs, successors and assigns.

Attorneys Fees. In the event any action is instituted to enforce or determine the rights or duties of either party hereto arising out of the terms of this Agreement, the prevailing party shall recover reasonable attorney fees' and costs through all levels of any action incurred in such proceeding, including, without limitation, trial court, appeals and bankruptcy proceedings.

Construction. All parties hereto have either (i) been represented by separate legal counsel, or (ii) have had the opportunity to be so represented. Thus, in all cases, the language herein shall be construed simply and in accordance with its fair meaning and not strictly for or against a party, regardless of which party prepared or caused the preparation of this Agreement.

Agency Oversight. The parties to this Agreement are aware that the State of Idaho's Health and Welfare Department has the right to interview the Student and School staff and to inspect and audit all records maintained by the School without securing the prior consent of anyone. The parties are also aware of the licensing agency's right to observe the physical condition of the Student, including conditions indicating abuse or neglect, and to have a licensed medical professional physically examine the Student.

Conflict With Parent Handbook. In the event of any conflict between this Agreement and the Parent Handbook, this Agreement shall control.

IN WITNESS WHEREOF: The undersigned have executed this Agreement on the date first above written.

Parent: each parent/guardian sign and print name here.

Signature: _____

Name: _____

SS#: _____

Signature: _____

Name: _____

SS#: _____

School: school administrator sign and print name here.

Eagle Montessori Services, Inc., an Idaho corporation doing business as Montessori Academy.

By: _____

Name: _____

Title: _____

ELEMENTARY TUITION AND OTHER FEE SCHEDULE

Annual Tuition Payment Options (please initial option):

- _____ \$7470 if paid in full by August 1st.
- _____ \$7570 if paid in two equal payments of \$3650 by August 1st and Jan 1st.
- _____ \$7670 if paid in ten equal monthly payments of \$767. These payments shall commence on July 1st and continue on the first day of each month thereafter until paid in full.

Annual Before and After School Tuition (please initial option):

- _____ \$950 paid in ten equal monthly payments of \$95 beginning July 1st and continuing each month thereafter until paid in full. (Extended Day PM)
- _____ \$630 paid in ten equal monthly payments of \$63 beginning July 1st and continuing each month thereafter until paid in full. Extended Day AM

Other Fees:

Application fee (non-refundable) of \$80 due at the time of application.

Tuition deposit of \$767 due March 3st (non-refundable after May 1st).

Tuition deposit is for new students and entering 1st graders

Annual materials fee of \$120 due by July 1st.

Occasional child care fee of \$6 per hour (billed in one hour increments).

Required parent education classes of \$50 per couple.

10% sibling discount for lowest priced sibling.

Occasional field trip fees billed at the time of the event.

By signing below, Parent agrees to pay all tuition and other fees detailed herein. In addition, by accepting a spot in any elementary program, Parent is making a commitment for the entire academic school year. Should the Student not complete the School year, for whatever reason, Parent is nonetheless liable for the tuition through the entire academic school year. The tuition deposit is refundable for those students who finish the school year and do not plan to return the following year.

Parent Signature: _____

Name: _____

Parent Signature: _____

Name: _____