



APPLICATION FOR ADMISSION

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 admin@bethmontessori.com

For School Year _____ (e.g. FALL 2012 / JAN 2013)

Child's Name: _____
First Middle Last

Date of Birth: ____ / ____ / ____ Place of Birth: _____ Age: _____ Male Female

Address: _____

City State Zip Code

Home Phone: (____) _____

Mother's Cell: (____) _____ Mother's Email: _____

Father's Cell: (____) _____ Father's Email: _____

OFFICE USE ONLY Date application received _____

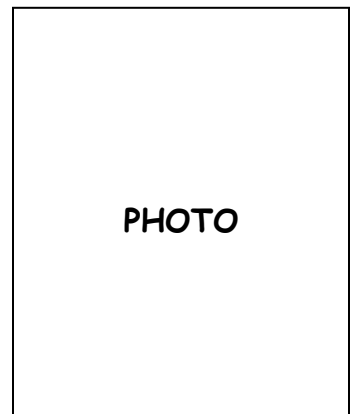
General Info _____
y m / y m / Allergies
Age in Sept '___ Age in Jan '___

Application Fee _____
Date / Check # / Amount

Deposit _____
Date / Check# / Amount / Invoice#

Enrollment _____
Program / EC / Start Date

Comments _____



MOTHER'S INFORMATION

Full Name: First _____ Last _____

Home Address (if different from student):

City: _____ State: _____ Zip _____

Home Phone: (_____) _____

Place of Employment: _____

Business Address: _____

City: _____ State: _____ Zip _____

Profession: _____

Work Phone: (_____) _____

Parent Status: _____ Married _____ Separated _____ Widowed _____ Divorced

_____ Other: _____

Number of additional children in the family: _____

Name _____ Age _____ Sex _____ School Attending _____

Name _____ Age _____ Sex _____ School Attending _____

Name _____ Age _____ Sex _____ School Attending _____

In case of emergency, whom should we call? (Other than parent or physician)

Name _____ Telephone _____ Relationship _____

FATHER'S INFORMATION

Full Name: First _____ Last _____

Home Address (if different from student):

City: _____ State: _____ Zip _____

Home Phone: (_____) _____

Place of Employment: _____

Business Address: _____

City: _____ State: _____ Zip _____

Profession: _____

Work Phone: (_____) _____

Does your child have specific dietary restrictions, allergies or other health/behavioral concerns that require special attention?

Child's Physician: _____ Telephone: _____

List all medications that your child takes on a regular basis: _____

Is your child toilet trained: Yes _____ No _____ Partially _____

Primary language spoken at home: _____

Are you a member of Congregation Beth El? Yes _____ No _____

EDUCATIONAL PHILOSOPHY

How do you view your child in terms of their social, emotional, physical and language development? Any specific concerns? _____

What are your educational goals for your child? How do you see Beth Montessori facilitating these goals?

Does your child have any hobbies, sports or special interests, or unusual capabilities or talents? _____

How did you hear about us? _____

Did someone specifically refer you to our school? _____

Beth Montessori Admissions Policies

1. Beth Montessori accepts children regardless of race, color, creed or national/ethnic origin.
2. Beth Montessori is a private school dedicated to academic excellence in early childhood education. It is NOT a day care center!
3. Morning Drop-off times are from 8:15 to 8:30am (for Primary and Toddlers)
Infant Drop-off is 8:00am SHARP.

Afternoon Pick -Up times vary with each program:

Toddler Half Day: 12:00 pm SHARP

Primary Half Day: 1:00 pm SHARP

Primary and Toddler Full Day: 2:15-2:30 pm

Infant Community: 2:30 pm SHARP

Late pick ups will be charged extended care hourly rates (\$10.00 per hour).

4. Pupils are registered for an entire year, or from the time they enter until the end of the year. NO REDUCTION WILL BE MADE FOR ABSENCE OR WITHDRAWAL BEFORE THE END OF THE YEAR. REGARDLESS OF THE DATE OF WITHDRAWAL, PARENTS OR GUARDIANS ARE RESPONSIBLE FOR THE ENTIRE YEAR'S TUITION. Only in case of service, diplomatic orders or job transfers out-of-state, may contracts be adjusted at the discretion of Beth Montessori. In case of dismissal, all fees are non-refundable.
5. A DEPOSIT, comprised of the registration fee and last month tuition, is due upon acceptance/enrollment in order to secure your child's space. The Deposit and the Application Fee are all NON-REFUNDABLE.
6. Tuition is due on the 1st of each month, beginning on September 1st through May 1st (the last month tuition given as part of the initial DEPOSIT counts towards the June 1st payment)
7. Beth Montessori reserves the right not to admit the child into the school if payments are not received by the 15th of each month.
8. Payment by Credit Card incurs a 2.5% additional charge (AmEx, Visa and MasterCard accepted; AmEx incurs a 3% charge).
9. There is a \$40.00 late fee for payments received after the 5th of the month.
10. There is a \$35.00 fee for returned checks.
11. A 30-day advance notice will be given prior to any rate change.
12. I understand that my submission of this application form does not in itself guarantee acceptance until it is accepted by BETH MONTESSORI and I/we are notified of availability. When accepted, a NON REFUNDABLE deposit amount of \$_____ (Registration Fee + Last Month Tuition) is required in order to reserve a space for the above named child in the BETH MONTESSORI program for the school year.

SIGNATURE

By signing this application, I/we hereby acknowledge all the information provided is accurate and complete. Omission or inaccurate information may be grounds for dismissal if student has been accepted. I/we agree to pay all tuition and fees as stated in the Tuition Schedule. I have included a \$175.00 NON-REFUNDABLE application fee with this application.

Signature of Parent or Legal Guardian

Date

TUITION SCHEDULE 2012-2013

Please select your desired program:

INFANT COMMUNITY (9-18 Months)

- FULL DAY: 8:00 am to 2:30 pm
\$1150.00/month for 10 months
- EXTENDED CARE: 2:30 pm to 5:00 pm
\$300.00/month for 10 months

TODDLER COMPONENT (18-36 Months)

- FULL DAY: 8:30 am to 2:15 pm
\$1120.00/month for 10 months
- HALF DAY: 8:30 am to 12:00 pm
\$1000.00/month for 10 months

PRIMARY/PRESCHOOL PROGRAM (3-6 Years Old)

- FULL DAY: 8:30 am to 2:15 pm
\$1070.00/month for 10 months
- HALF DAY: 8:30 am to 1:00 pm
\$940.00/month for 10 months

*All rates are subject to change from one School Year to the next

FEES (applies to all programs):

Application Fee (Only once)	\$175.00
Registration Fee (Yearly)	\$200.00
Deposit: Last Month Tuition (Yearly)	Depends on program of choice
Apron and Sack (as needed)	\$25.00
Material & Insurance Fee (Yearly)	\$300.00 to be waived first year

- EXTENDED CARE HOURS: Toddler & Primary (please select according to your needs):**

AM 7:45 - 8:30 a.m. (45 minutes)	Fixed monthly amount \$90.00 (\$5.50/hr)
PM 2:30 - 5:00 p.m. (2.5 hours) **	Fixed monthly amount \$280.00 (\$5.25/hr)
AM & PM (3.25 hours)	Fixed monthly amount \$345.00 (\$5.00/hr)
ALL OTHER EXTENDED HOURS	\$10.00 per hour (charged by 15 min increments)

** Late pick-ups after 5:00 p.m. will be charged a \$20.00 late fee

SIGNATURE

By signing this Tuition Schedule, I/we hereby acknowledge all the information provided is accurate and complete. I/we agree to pay all tuition and fees as stated above.

Signature of Parent or Legal Guardian

Date