

# APPLICATION FOR ADMISSION



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For School Year: \_\_\_\_\_(i.e. FALL 2021 / JAN 2022)

Child's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
mm dd yy

Address: \_\_\_\_\_  
\_\_\_\_\_ City State Zip Code

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
First/Last First/Last

Home Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Cell: (\_\_\_\_) \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Cell: (\_\_\_\_) \_\_\_\_\_ Father's Email: \_\_\_\_\_

=====

**OFFICE USE ONLY** Date application received \_\_\_\_\_

General Info \_\_\_\_\_/  
Program Choice Allergies

Application Fee \_\_\_\_\_/  
Date Check # Amount

App. Confirm.  EX  QB  GM  AD



Comments \_\_\_\_\_  
\_\_\_\_\_

## MOTHER'S INFORMATION

Home Address (if different from student):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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 \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

## FATHER'S INFORMATION

Home Address (if different from student):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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 \_\_\_\_\_

**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 \_\_\_\_\_  
(Only Children in our Primary Program are expected to be Toilet Trained)

Does your child Nap? \_\_\_\_\_ If yes, what times: \_\_\_\_\_

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 and/or expectations for your child? How do you see Beth Montessori facilitating these goals and/or expectations?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any hobbies, sports or special interests, or unusual capabilities or talents (if applicable)?  
\_\_\_\_\_

Has your child previously attended any other school or educational/enrichment program? \_\_\_\_\_  
\_\_\_\_\_

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! As a Jewish preschool, we offer both a secular and Judaic curriculum based on Dr. Maria Montessori's proven philosophy and principles. Additionally, we are a Bilingual School offering both English and Spanish throughout all our environments.
3. Our programs are only offered as a 5-days/week option  
Morning Drop-off times are from 8:15 to 8:30am  
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 (\$12.00 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 confirmation of acceptance in order to secure your child's space. The Deposit and the Application Fee are all NON-REFUNDABLE.
6. Tuition is due on the 1<sup>st</sup> of each month, beginning on September 1<sup>st</sup> through May 1<sup>st</sup> (the last month tuition given as part of the initial DEPOSIT counts towards the June 1<sup>st</sup> payment). We do NOT prorate Months.
7. Beth Montessori reserves the right not to admit the child into the school if payments are not received by the 15<sup>th</sup> 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 and to comply with the terms expressed in the statements above. Additionally, upon acceptance, I agree to be bound by the school's regulations as set forth in the Beth Montessori Parent Handbook. I have included a \$175.00 NON-REFUNDABLE application fee with this application.

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Signature of Parent or Legal Guardian

Date

# TUITION SCHEDULE 2021 -2022

Our programs are only offered as a 5-days/week option

Please **CHECK to SELECT** your desired program:

## **INFANT COMMUNITY "NIDO" (9-18 Months)**

- FULL DAY: 8:15 am to 2:30 pm  
\$1,670.00/month for 10 months
- EXTENDED CARE: 2:30 pm to 5:00 pm (there is no Morning EC available for the Infant Program)  
\$375.00/month\* for 10 months  
\*Infants needing Extended Care must enroll at the fixed rate, regardless of hours used.

## **TODDLER COMPONENT (18-36 Months)**

- FULL DAY: 8:15 am to 2:15 pm  
\$1,630.00/month for 10 months
- HALF DAY: 8:15 am to 12:00 pm  
\$1,500.00/month for 10 months

## **PRIMARY PROGRAM: PRESCHOOL & KINDERGARTEN (3-6 Years Old)**

- FULL DAY: 8:15 am to 2:15 pm  
\$1,585.00/month for 10 months
- HALF DAY: 8:15 am to 1:00 pm  
\$1,460.00/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)	\$250.00
DEPOSIT: Last Month Tuition (Yearly)	Depends on program of choice
Apron and Sack (as needed)	\$25.00
Material Fee (Yearly)	\$250.00 to be waived first year

- EXTENDED CARE OPTIONS for Toddler and Primary only**

Please **CHECK to SELECT** (according to your needs):

EC AM Daily from 7:45 - 8:15 a.m. (30 minutes)	Fixed monthly amount \$75.00 (\$7/hr)
EC PM Daily from 2:30 - 5:00 p.m. (2.5 hours) ***	Fixed monthly amount \$375.00 (\$7/hr)
EC AM & PM Daily (3.25 hours)	Fixed monthly amount \$415.00 (\$6/hr)
ALL OTHER EXTENDED HOURS	\$12.00 per hour (charged by 15 min increments)

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