



# APPLICATION FOR ADMISSION

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School Year/Preferred Start: \_\_\_\_\_(i.e. FALL 2024 / JAN 2025)

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

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

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

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

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: \_\_\_\_\_

## OFFICE USE ONLY

Date application received \_\_\_\_\_

☐ App. Confirm. ☐WL ☐EX ☐QB ☐GM

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

## MOTHER'S INFORMATION

Home Address (if different from student):

\_\_\_\_\_

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

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 \_\_\_\_\_

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: \_\_\_\_\_

## 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 both 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 is applied 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

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Date

## TUITION SCHEDULE 2024-2025

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

\$1,865.00/month for 10 months

**Extended Care is NOT available in our Infant Program**

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

☐ FULL DAY: 8:15 am to 2:30 pm

\$1,840.00/month for 10 months

☐ HALF DAY: 8:15 am to 12:00 pm

\$1,700.00/month for 10 months

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

☐ FULL DAY: 8:15 am to 2:30 pm

\$1,790.00/month for 10 months

☐ HALF DAY: 8:15 am to 1:00 pm

\$1,660.00/month for 10 months

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

### **FEES (applies to all programs):**

Application Fee (One-Time)	\$175.00
Registration Fee (Yearly)	\$250.00
DEPOSIT: Last Month Tuition (Yearly)	Depends on program of choice
Apron and Sack (as needed)	\$35.00
Material Fee (Yearly)	\$250.00 to be waived first year

☐ **EXTENDED CARE OPTIONS for Toddler and Primary only**

**Please CHECK to SELECT (Subject to Availability):**

<input type="checkbox"/>	EC AM Daily from 7:45 – 8:15 a.m. (30 minutes)	Fixed monthly amount \$75.00 (\$7/hr)
<input type="checkbox"/>	EC PM Daily from 2:30 – 5:00 p.m. (2.5 hours) ***	Fixed monthly amount \$375.00 (\$7/hr)
<input type="checkbox"/>	EC AM & PM Daily (3.25 hours)	Fixed monthly amount \$415.00 (\$6/hr)
<input type="checkbox"/>	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