



BeLoved
M O N T E S S O R I

2018 – 2019 TUITION RATES AND FEES*
CHILDREN’S HOUSE (Ages 3 – 6 Years)

Before School Care:	7:30 am – 8:00 am
School Day Drop-off Time:	8:00 am – 8:30 am
Montessori School Day:	8:30 am – 3:00 pm
After-School Program:	3:00 pm – 5:30 pm

Student Registration Fee, *non-refundable*:

New Students: \$275	Returning Students: \$175
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Tuition is based on a 12-month school year (Aug. 27, 2018 – Aug. 2019, TBD).
You have the option to pay the tuition in full by August 27th or you may opt to pay monthly installment payments.
Holidays and closures are reflected in all tuition fees.

MORNINGS (8:30 am – 12 pm)

Mornings/Week	Annual Tuition	Monthly Tuition
4	\$8,100/year	\$675/month
5	\$9,300/year	\$775/month

MONTESSORI SCHOOL DAY (8:30 am – 3:00 pm)

Days/Week	Annual Tuition	Monthly Tuition
4	\$11,700/year	\$975/month
5	\$12,900/year	\$1,075/month

For added convenience, BeLoved also offers Before-School Care and an After-School Program:

BEFORE-SCHOOL CARE (7:30 am – 8:00 am)

Days/Week	Annual Tuition	Monthly Tuition
5	\$780/year	\$65/month

AFTER-SCHOOL PROGRAM (3 pm – 5:30 pm)

Days/Week	Annual Tuition	Monthly Tuition
4	\$2,400/year	\$200/month
5	\$2,700/year	\$225/month

*Please note: If you are enrolling multiple children, there is a 5% sibling discount for the oldest child.



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**2018 – 2019 ENROLLMENT AND TUITION AGREEMENT
CHILDREN’S HOUSE (Ages 3 – 6 Years)**

Name of Child: _____ Nickname: _____

Date of Birth: _____ Gender: _____ Home Phone Number: _____

Parent(s)/Guardian(s) Names: _____

Address: _____ Zip code: _____

Cell phone number: _____ E-mail Address: _____

Preferred Program: _____ Children’s House _____ Preferred Start Date: _____

Please check the option(s) below in which you’d like to enroll your child:

MORNINGS (8:30 am – 12:00 pm)

MONTESSORI SCHOOL DAY (8:30 am – 3:00 pm)

4 mornings per week for 12 months

4 days per week for 12 months

5 mornings per week for 12 months

5 days per week for 12 months

Add one or both of these programs for extra convenience:

BEFORE-SCHOOL CARE (7:30 am – 8:00 am)

AFTER-SCHOOL PROGRAM (3:00 pm – 5:30 pm)

4 days per week for 12 months

4 days per week for 12 months

5 days per week for 12 months

5 days per week for 12 months

Daily Drop-Off Time: _____ Daily Pick-Up Time: _____

If 4-days per week is selected, please indicate which 4 days are preferred:

Monday Tuesday Wednesday Thursday Friday

My child will participate in the Fresh n’ Local Foods Lunch and PM Snack Program on the days that they attend BeLoved Montessori. Fresh n’ Local Foods is contracted and billed separately from tuition.



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ACKNOWLEDGEMENTS (Please initial):

_____ I acknowledge that **tuition is due by the 1st of each month** and that a **late fee of \$50.00** will apply if monthly tuition is paid after the 6th.

_____ I understand that an **advanced, written 30-day notice is required** if I am to withdrawal my child from either BeLoved Montessori or from the Fresh n’ Local Foods program. If my child is withdrawn from BeLoved or the Fresh n’ Local Foods program without notice, there will be a **one-month tuition and/or program charge**.

_____ I acknowledge that tuition prices do not include meals or snacks. I will provide food for my child from home or register my child in the Fresh n’ Local Foods program.

_____ I understand that tuition is based on class time only. No allowance is made for illness, vacation, holidays, or inclement weather conditions.

PLEASE NOTE: Incomplete enrollment forms will be returned!

By signing this agreement form, you are enrolling your child in BeLoved Montessori’s Children’s House Program which serves children ages 3 to 6 years. A **non-refundable Enrollment Fee of \$275 per new student or \$175 per returning student is due with this form**. The **first month’s tuition is due on or before August 27, 2018**.

Signature of Parent/Guardian _____ Date: _____
Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date: _____
Print Name of Parent/Guardian _____

BeLoved Montessori has a nondiscriminatory policy regarding race, religion, national origin, gender or sexual orientation. Our children and employees come from a wide variety of religions and cultures; this diversity is important to our school and classrooms.



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IDENTIFICATION INFORMATION

Name of Child: _____ **Nickname:** _____
Birthdate: _____ **Current Age (Yrs., Mos.):** _____ **Gender:** _____
Student's Home Address: _____
City: _____ **Zip:** _____
Siblings (Names/Ages): _____

Name of Parent 1: _____ **Home Phone:** _____
E-mail Address: _____ **Cell Phone:** _____
Home Address: _____ **City:** _____ **Zip:** _____

Home address same as student's.

Name of Parent 2: _____ **Home Phone:** _____
E-mail Address: _____ **Cell Phone:** _____
Home Address: _____ **City:** _____ **Zip:** _____

Home address same as student's

Marital Status: Married Separated Divorced Other

Parent 1 Employer: _____ **Business Phone:** _____
Employer Address: _____ **City:** _____ **Zip:** _____

Parent 2 Employer: _____ **Business Phone:** _____
Employer Address: _____ **City:** _____ **Zip:** _____

Referred to this school by: _____

Signature of Parent/Guardian: _____ **Date:** _____



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HEALTH AND EMERGENCY CONTACT INFORMATION

Name of Child: _____ **Birthdate:** _____

Student's Home Address: _____

City: _____ Zip: _____

Name of Parent 1: _____

Phone Numbers in Preferred Contact Order:

_____/_____/_____

Name of Parent 2: _____

Phone Numbers in Preferred Contact Order:

_____/_____/_____

Life-Threatening Allergies: _____

Reaction to Allergen: _____

Treatment Plan (Briefly describe below AND attach treatment plan provided by child's physician):

Medications: _____

Mild Allergies: _____

Special Health Problems: _____

Dietary Requirements/Food Sensitivities: _____

Child's Physician: _____ Phone No: _____

Emergency Hospital Preference: _____

Insurance Carrier Name, Policy Number: _____

My child has a Certificate of Immunization Status (CIS) record on Oregon Alert IIS? Yes No

Or, (Please initial):

_____ I will submit my child's Certificate of Immunization Status record--before their first day of school.

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Do you or your physician have concerns regarding your child's speech, language, and/or behavior?

Yes No

Does your child receive services from the State Agency or School District? Yes No

Does your child have an **Individualized Education Plan (IEP)**: Yes No

EMERGENCY CONTACTS AND NON-EMERGENCY AUTHORIZED PICK UP CONTACTS:

Persons within the **immediate area to be called in case of emergency** and parents cannot be reached:

Name: _____ Relationship to Child: _____

Phone Numbers in Preferred Contact Order:

_____/_____/_____

Name: _____ Relationship to Child: _____

Phone Numbers in Preferred Contact Order:

_____/_____/_____

Other people **authorized to pick up child in non-emergency** situations:

Name: _____ Relationship to Child: _____

Phone Numbers in Preferred Contact Order:

_____/_____/_____

Name: _____ Relationship to Child: _____

Phone Numbers in Preferred Contact Order:

_____/_____/_____

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Date: _____



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PERMISSION FORM

Child's Name (Please print): _____ DOB: _____

Please read carefully and place your initials next to each:

_____ I hereby grant permission for my child to participate in BeLoved Montessori's programs and use all the equipment in the classroom of the facility, which may involve a risk of accidental injury despite all safety precautions. Having been informed of the activities conducted by BeLoved Montessori, I/we, as parents and guardians of the child named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless BeLoved Montessori, its directors, guides (teachers), independent contractors, volunteers and all employees for any illness or injury to my child or family members occurring during their/our participation in any activity/program or use of any part of the facility and conducted by BeLoved Montessori.

_____ I hereby grant permission for my child to be included in print pictures or on BeLoved Montessori's website to promote the program.

_____ I hereby authorize our family's contact information (e-mail, phone number, and home address) to be included in the BeLoved Montessori Directory.

_____ I hereby grant permission for BeLoved guides (teachers) and assistants to escort my child on 20 to 45-minute group exploration walks.

_____ I hereby grant permission for the director(s) or any of the guides (teachers) and assistants of BeLoved Montessori to apply sunscreen, which I've provided as required by licensing.

_____ I hereby grant permission for the director(s) or any of the guides (teachers) and assistants of BeLoved Montessori to secure and authorize any emergency medical treatment that my child might require while under their supervision. In most emergencies, 911 is called and the child is transported to the hospital and seen by the Doctor on Call. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify the child's parents or guardian in case of an emergency. All emergency contact information is provided on Identification and Emergency Contact forms.

Parent/Guardian Signature: _____ Date: _____