

SPRINGFIELD MONTESSORI SCHOOL, INC.

Walnut Creek Registration Application 2019-2020 Academic School Year / Returning Students

STUDENT:

Student's Name: _____

Street Address: _____

City: _____

Zip Code: _____

Telephone: _____

Date of Birth: _____

PARENTS/GUARDIANS:

Mother's Name: _____

Mother's Employment: _____

Telephone: _____

Father's Name: _____

Father's Employment: _____

Telephone: _____

Toddler: (Check one)

Hours: 9am -12 noon Install./Year
 5 Day Program \$ 1185/\$ 11850
 4 Day Program \$ 1150/\$ 11500
 3 Day Program \$ 1120/\$ 11200

Hours: 9am - 3pm Install./Year
 5 Day Program \$ 1380/\$ 13800
 4 Day Program \$ 1345/\$ 13450
 3 Day Program \$ 1320/\$ 13200

Hours: 7am - 6pm Install./Year
 5 Day Program \$ 1785/\$ 17850
 4 Day Program \$ 1710/\$ 17100
 3 Day Program \$ 1625/\$ 16250

Pre-K: (Check one)

Hours: 9am -12 noon Install./Year
 5 Day Program \$ 1145/\$ 11450
 4 Day Program \$ 1110/\$ 11100
 3 Day Program \$ 1030/\$ 10300

Hours: 9am - 3pm Install./Year
 5 Day Program \$ 1260/\$ 12600
 4 Day Program \$ 1225/\$ 12250
 3 Day Program \$ 1175/\$ 11750

Hours: 7am - 6pm Install./Year
 5 Day Program \$ 1685/\$ 16850
 4 Day Program \$ 1605/\$ 16050
 3 Day Program \$ 1505/\$ 15050

Kindergarten: (Check one)

Hours: 9am -12 noon Install./Year
 5 Day Program \$ 1250/\$ 12500

Hours: 9am - 3pm Install./Year
 5 Day Program \$ 1420/\$ 14200

Hours: 7am - 6pm Install./Year
 5 Day Program \$ 1680/\$ 16800

PM Program: (Check one)

Hours: 12 noon - 3pm Install./Year
 5 Day Program \$ 1145/\$ 11450
 4 Day Program \$ 1110/\$ 11100
 3 Day Program \$ 1030/\$ 10300

TUITION AMOUNT: \$ _____/installment \$ _____/academic school year

A non-refundable ANNUAL ADMISSIONS FEE in the amount of one tuition installment must accompany this application.
 A non-refundable REGISTRATION FEE of \$100.00 must accompany this application.
 A non-refundable ANNUAL MATERIALS FEE of \$250.00 must accompany this application.

Amount enclosed: \$ _____

My signature below indicates that I have read the rules, regulations, and policies pertaining to enrollment at Springfield Montessori School, Inc.

Parent/Guardian Signature: _____

Date: _____



Springfield Montessori School

How did you learn about the Springfield Montessori School? (select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Friend/Neighbor | <input type="checkbox"/> Care.com | <input type="checkbox"/> Live in Neighborhood |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Yelp | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Employer | <input type="checkbox"/> School Website | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Realtor/Housing Development | <input type="checkbox"/> Local Advertising | |

STUDENT INFORMATION

Campus Applying for: Walnut Creek Dublin

Name: _____ Male Female

Home Address: _____

Phone: _____ Preferred Family Email Address: _____

Race/Ethnicity: _____ Date of Birth: _____

City of Birth: _____ State: _____ Country: _____

SCHOOL INFORMATION

Present School: _____ Phone: _____

Address: _____

Program Attending/Attended: _____

FAMILY INFORMATION (LEGAL GUARDIAN)

Name: _____ Relationship to Applicant: _____

Home Address (if different from applicant): _____

Email Address: _____ Home Phone: _____ Cell: _____

Place of Employment: _____ Occupation/Title: _____

Work Address: _____

Work Phone: _____ Work Email Address: _____

Parent Education: _____
HIGH SCHOOL | *COLLEGE/UNIVERSITY*

Name: _____ Relationship to Applicant: _____

Home Address (if different from applicant): _____

Email Address: _____ Home Phone: _____ Cell: _____

Place of Employment: _____ Occupation/Title: _____

Work Address: _____

Work Phone: _____ Work Email Address: _____

Parent Education: _____
HIGH SCHOOL | *COLLEGE/UNIVERSITY*

GENERAL INFORMATION

Has the applicant previously applied to Springfield Montessori School? If yes, when?

Does the applicant have any siblings that have attended Springfield Montessori School? If yes, whom and when?

Is there anything you would like us to know about your child?

What are the objectives you hope to have met by enrolling your child at Springfield Montessori School?



SPRINGFIELD MONTESSORI SCHOOL

WALNUT CREEK ACH AUTHORIZATION FOR DIRECT DEPOSITS

I (we) hereby authorize **SPRINGFIELD MONTESSORI SCHOOL**, hereinafter called COMPANY, to initiate debit entries, credit entries and adjustments for any entries in error to my (our) Checking Account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account during the **2019-2020 Academic School Year AND Childcare Services** during the **Summer Camp** program should our student attend. I (we) agree that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it. The Tuition amount which COMPANY will debit from my/our account is the amount & terms agreed upon in the child's signed 2019-2020 Enrollment Contract, Registration Application and or any subsequent Tuition Change Forms. ACH will also be used for Childcare services rendered and or Late Fees / Returned ACH Fees incurred per the discretion of COMPANY.

Date of ACH Commencement: _____

Student Name _____
(Please Print)

Account Holder Name _____
(Please Print)

Account Holder Signature _____ Date _____

**** NOTE - A VOIDED CHECK MUST BE SUBMITTED WITH THIS FORM ****

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administration@springfieldmontessori.com

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PHONE: 925.828.5102 FAX: 925.828.5108
dublinadmin@springfieldmontessori.com

WEBSITE: WWW.SPRINGFIELDMONTESSORI.COM