



# Welcome 2024-2025 SCHOOL YEAR!

Dear Parents,

than AUGUST 20.

Thank you for enrolling your child at Montessori Schoolhouse. We appreciate your trust. We are grateful for the amazing families and staff members that are part of our Montessori Schoolhouse Family and make this wonderful growing place possible. We look forward to another school year full of joyful learning experiences.

Attached to this letter, you are receiving the 2024-2025 enrollment forms. INSTRUCTIONS: Please send completed enrollment forms attached to your child's backpack no later than FRIDAY JULY 26.

PLEASE INCLUDE A RECENT VACCINATION RECORD. If you require additional time to obtain a copy of the vaccination record, please send the enrollment forms first and contact the school office. Vaccination records should be received no later

#### **TUITION AND BILLING UPDATES**

Please note that for the 2024-2025 School Year MSH will continue offering two different Tuition options: YEARLY TUITION CONTRACT or MONTH TO MONTH. Details on options, costs and refund policies are included in the attached enrollment package. Feel free to email the school office in case of any questions. We require parents to select and sign their Tuition option choice no later than July 26, 2024.

- August Tuition Charges will reflect the following:
- a) Initial Registration Fee (\*New Students only)
- b) Yearly Material Fee \$300 (\*Not reimbursable)

C) August Tuition Fee (Cost vary for Yearly Tuition Contract and Month to Month Option)

d) **Re-Enrollment Credit** (If school received your re-enrollment payment with your re-enrollment application for returning students, it will be deducted from your August Tuition Charges.

#### **UPDATES AND COMMUNICATIONS WITH PARENTS**

• We will continue using the REMIND APP to send you all of the general school notifications (i.e. School Calendar updates and reminders, school closures, etc.) The School office will automatically enroll new parents to the system. Returning students: please notify the school office via email: <u>info@mymontessorischoolhouse.com</u> if you require us to update your contact information.

#### EXTENDED DAY SCHEDULE UPDATE:

Effective August 14, 2023 operation hours for extended day will be: School will open at 7:00 am and close at 6:00 pm! • Nido and Transition: Parents will continue to receive daily paper -reports completed by the teachers with information regarding diaper change, food, nap and other important comments about your child's day.

#### FIRST DAY OF SCHOOL CHECKLIST

#### **PRIMARY:**

- $\checkmark$  Backpack with a change of clothes
- ✓ Lunch Box with morning snack + lunch, and an additional snack for Extended day\* if applicable.
- $\checkmark$  No drinks other than water please.
- ✓ Water bottle labeled
- ✓ Nap roll
- ✓ Nap mat (plastic two colored/labeled. It will stay at school)
- ✓ Mosquito Repellent of your choice labeled

#### NIDO AND TRANSITION:

- ✓ SMALL Backpack with two changes of clothes. No "onesies" or one-piece clothes please.
- $\checkmark$  A family picture
- ✓ Diapers make sure there are always 6 inside the backpack. We will replenish your child's diaper drawer from it. Please make sure your selection of diapers or "pull-ups" have reclosable velcro.
- ✓ Diaper cream of your choice (labeled/ will stay at school)
- ✓ Large Baby Wipes Box (per semester)
- ✓ Lunch Box with morning snack + lunch, and an additional snack for Extended day\* if applicable. No drinks other than water please.
- ✓ Water bottle labeled
- ✓ Nap roll
- ✓ Nap mat (plastic two colored/labeled. It will stay at school)
- ✓ Mosquito Repellent of your choice labeled

#### Please make sure you label all your children's items with permanent marker or equivalent.

#### **DATES TO NOTE:**

## Parent Orientation Meetings:

NIDO & TRANSITION CLASS: August 6 at 6:00 PM @ Montessori Schoolhouse PRIMARY CLASS: August 8 at 6:00 PM @ Montessori Schoolhouse

#### **Back to School Day:**

August 12: Back to School Day for August 14- Back to School Day for

Mon-Fri and Mon-Wed students. Wed-Fri students.

We look forward to a great school year!

Sincerely,

Luz M Ponce School Director

# MONTESSORI SCHOOLHOUSE



10711 Dreamland Drive San Antonio, TX 78230 210-341-0731 www.mymontessorischoolhouse.com

2024-2025 School Year Tuition & Fee Schedule - 10 Month Contract

	Time	Yearly Tuition	-2% for paying the full year.**	Monthly Tuition
NIDO				
3 Half Days	9:00-11:30	\$6,650	\$6,517	\$650
3 Full Days	9:00-3:00	\$9,350	\$9,163	\$935
5 Half Days	9:00-11:30	\$9,350	\$9,163	\$935
5 Full Days	9:00-3:00	\$11,850	\$11,613	\$1,185
TRANSITION				
3 Half Days	9:00-11:30	\$6,650	\$6,517	\$650
3 Full Days	9:00-3:00	\$9,350	\$9,163	\$935
5 Half Days	9:00-11:30	\$9,350	\$9,163	\$935
5 Full Days	9:00-3:00	\$11,850	\$11,613	\$1,185
PRIMARY				
3 Full Days	8:30-3:00	\$8,350	\$8,183	\$835
5 Half Days	8:30-11:30	\$8,350	\$8,183	\$835
5 Full Days	8:30-3:00	\$10,800	\$10,584	\$1,080

## Extended Day Charges

NEW HOURS!	Time	Yearly Extended Day	-2% for paying the full year.**	Monthly Extended Day Charge
AM Only 3 Days/ Week	7:00 - 9:00	\$1,250	\$1,225	\$125
AM Only 5 Days/ Week	7:00 - 9:00	\$1,750	\$1,715	\$175
PM Only 3 Days/ Week	<b>3</b> :00-6:00	\$2,850	\$2,793	\$285
PM Only 5 Days /Week	3:00-6:00	\$4,000	\$3,920	\$400
AM & PM 3 Days/ Week	7-9am& 3-6pm	\$3,800	\$3,724	\$380
AM & PM 5 Days/ Week	7-9am& 3-6pm	\$4,500	\$4,410	\$450

\*Initial Registration Fee:\$300 \*Yea

\*Yearly Material Fee:\$300

\*Non refundable or transferable

\*\*Discount requires payment no later than 10 business days after student's first day of school.

#### MONTESSORI SCHOOLHOUSE 10711 Dreamland Drive San Antonio, Texas 78230 (210) 341-0731 2024-2025 TUITION CONTRACT

Child's Name:

#### The Montessori Schoolhouse tuition contract is an agreement to pay a full year's tuition per

child. This agreement is not discounted by early withdrawal of your child from school. Parents acknowledge that Montessori Schoolhouse bases the budget and contractual obligations on the full yearly tuition and other children are denied admission as a result of enrollment of your child and your agreement to pay the full year of tuition.

#### You may choose to pay in one sum and receive a \*2% discount or have the tuition divided into 10 equal monthly payments beginning on August 1.

Subsequent monthly payments are due the first day of each month thereafter until paid in full. The tuition is charged regardless of attendance each month unless classes are cancelled by the school. If classes are cancelled, we will refund 50% of the tuition for the time cancelled and prepaid. We understand the yearly tuition is due September 1st and monthly tuition is due by the first day of each month beginning August 1st.

Montessori Schoolhouse will not send monthly bills for monthly tuition. The school commits to academic year expenses based on enrollment and since most expenses continue whether a given student attends classes or not, the enrollment contract requires the total annual charges to be paid for the full academic year. Refunds or credits will be made based on withdrawals for medical reasons, job transfer or for dismissal at the school's initiative. If withdrawal occurs for one of the above reasons, parents will be refunded unused annual tuition, paid in advance on a prorated daily basis.

#### Please initial your payment choice.

Yearly Payment	
<b>\$6,650-2%= \$6,517</b> 3 days a week 9 to 11:30	
<b>\$9,350-2%= \$9,163</b> 3 days a week 9 to 3:00	(Nido & Trans.)
<b>\$9,350- 2%= \$9163</b> 5 days a week 9 to 11:30	(Nido & Trans.)
\$11,850-2%= \$11,613 5 days a week 9 to 3:00	
<b>\$8,350- 2%= \$8,183</b> 3 days a week 8:30 to 3:	
<b>\$8,350-2%= \$8,183</b> 5 days a week 8:30 to 11	
<b>\$10,800- 2%= \$10,584</b> 5 days a week 8:30 to	3:00 Primary
Monthly Payment	
<b>\$650</b> 3 days a week 9 to 11:30 (Nido &	Trans.) Please Check One:
<b>\$935</b> 3 days a week 9 to 3:00 (Nido &	Trans.) M-W or W-F
<b>\$935</b> 5 days a week 9 to 11:30 (Nido &	Trans.)
\$1,1855 days a week 9 to 3:00 (Nido &	Trans.)
	Please Check One:
<b>\$835</b> 3 days a week 8:30 to 3:00 Prim	ary (Age 3 only) M-W or W-F
\$8355 days a week 8:30 to 11:30 Prim	
\$1,0805 days a week 8:30 to 3:00 Pri	mary
Yearly Material Fee- \$300	
nitial Registration Fee- \$300**	
Monthly Extended Day AM & PM - \$450	
The produce by the control prov	
PARENT SIGNATURE:	DATE

PARENT'S NAME (please print):

\*2% discount valid only if payment received in full before the 10<sup>th</sup> day after student's first day of school. \*\* Initial registration fee is not refundable.

#### MONTESSORI SCHOOLHOUSE 10711 Dreamland Drive San Antonio, Texas 78230 (210) 341-0731 2024-2025 MONTH TO MONTH ENROLLMENT OPTION

Child's Name: \_\_\_\_\_

#### MONTH TO MONTH OPTION

You may opt for a month to month commitment where you renew month to month. As a safeguard for the school you will pay a \$500 initial registration fee the regular non-refundable material fee and 15% over the basic tuition on a monthly basis. **There would be no refund if we were to cancel classes.** 

Fee schedule:

#### **Monthly Fee**

 <b>\$760</b> 3 days a week 9 to 11:30 (Nido & Trans.)	Please Check One:
 <b>\$1,080</b> 3 days a week 9 to 3:00 (Nido & Trans.)	M-W or W-F
 <b>\$1,080</b> 5 days a week 9 to 11:30 (Nido & Trans.)	
 \$1,3605 days a week 9 to 3:00 (Nido & Trans.)	
	Please Check One:
 \$9653 days a week 8:30 to 3:00 Primary (Age 3 only)	M-W or W-F
 <b>\$965</b> 5 days a week 8:30 to 11:30 Primary ( <u>Age 3 only</u> )	
 <b>\$1,326</b> 5 days a week 8:30 to 3:00 Primary	

Yearly Material Fee- \$300 <u>Initial Registration Fee- \$500\*\*</u> Monthly Extended Day AM & PM - \$450

\*\* Initial registration fee is not refundable.

## MONTESSORI SCHOOLHOUSE Child Information Card 2024-2025

Student Name:  (Lat)  (First)  (Mil)  (Nume Used)    Address:  (Street)  (First)  (Creet)  (Creet) <th colspan="4">2024-2025</th> <th colspan="4">Admission Date:</th>	2024-2025				Admission Date:			
Address:								
Address:	Student Name:(Last)		(First)	(MI)	(Name Used)	_ 🖵 Male 🖵 Femal		
Home Phone:								
Home Phone:	Address:(Street)		(City)	(Zip)	Date of Birth:	(mm/dd/yyyy)		
Allergies (please check )    Food Allergies  No  Yes Please specify:								
Allergies (please check )    Food Allergies  No  Yes Please specify:	Home I none			Email				
Food Allergies  No  Yes  Please specify:					Ag	e by September 1 <sup>st</sup> .:		
Drug or other Allergies  No  Yes  Please specify:	Allergies (please che	ck)						
Drug or other Allergies  No  Yes  Please specify:	Food Allergies	No	Yes P	Please specify:				
Parent's First and Last name								
Parent's First and Last name	Drug or other Allergies	No	Yes	Please specify:				
Parent/ Guardian's address while child is in school:    Occupation:  Work #:  Cell#:    email:				······································				
Parent/ Guardian's address while child is in school:    Occupation:  Work #:  Cell#:    email:								
Occupation:  Work #:  Cell#:    email:						_		
email:	Parent/ Guardian's addres	s while ch	ild is in s	chool:				
email:	Occuration	Ţ	Vorle #		Call#.			
Employer/Company Name:		V	VORK #:		Cell#:			
Parent's First and Last name;    Parent/ Guardian's address while child is in school:    Occupation:  Work #:  Cell#:    Email:								
Parent/ Guardian's address while child is in school:    Occupation:  Work #:  Cell#:    Email:								
Email:						_		
Email:	Occupation:	v	Vork #·		Cell#·			
PERSON OTHER THAN PARENT TO BE NOTIFIED IN CASE OF EMERGENCY    Name:	Email:	'	· on					
Name: Phone Number:    Address:	Employer/Company Name:							
Name: Phone Number:    Address:								
Address:	PERSON OTHER THAN PARE	NT TO BE	NOTIFIEI	) IN CASE OF EM	IERGENCY			
Address:	A T	DI	NT 1					
NAME OF OTHER PERSON CHILD MAY BE RELEASED TO    1. Name:  Phone Number:  Relationship:    2. Name:  Phone Number:  Relationship:    3. Name:  Phone Number:  Relationship:    3. Name:  Phone Number:  Relationship:    Address:  Phone Number:  Phone Number:    Hospital Preferred for ER Treatment  Phone Number:  Phone Number:    Health Insurance Information  Image: Schoolhouse licensed by the image: Texas Department of Family and Protective to secure emergency  medical and/or emergency treatment for the above named minor or child MANNIARS	Name:	Pr	ione Numbe	er:				
NAME OF OTHER PERSON CHILD MAY BE RELEASED TO    1. Name:  Phone Number:  Relationship:    2. Name:  Phone Number:  Relationship:    3. Name:  Phone Number:  Relationship:    3. Name:  Phone Number:  Relationship:    Address:  Phone Number:  Phone Number:    Hospital Preferred for ER Treatment  Phone Number:  Phone Number:    Health Insurance Information  Image: Schoolhouse licensed by the image: Texas Department of Family and Protective to secure emergency  medical and/or emergency treatment for the above named minor or child MANNIARS	Address:							
1. Name:  Phone Number :  Relationship:    2. Name:  Phone Number:  Relationship:    3. Name:  Phone Number:  Relationship:    3. Name:  Phone Number:  Relationship:    Address:  Phone Number:  Relationship:    Hospital Preferred for ER Treatment  Phone Number:  Phone Number:    Health Insurance Information  Information  Information    I hereby give permission to Montessori Schoolhouse licensed by the T Texas Department of Family and Protective to secure emergency medical and/or emergency treatment for the above named minor or child MMRiggs care								
2. Name:  Phone Number:  Relationship:    3. Name:  Phone Number:  Relationship:    3. Name:  Phone Number:  Relationship:    Name of Child's Physician:  Phone Number:  Relationship:    Name of Child's Physician:  Phone Number:  Relationship:    Name of Child's Physician:  Phone Number:  Relationship:    Address:  Phone Number:  Relationship:    Hospital Preferred for ER Treatment  Phone Number:  Relationship:    Health Insurance Information  Information  Information    I hereby give permission to Montessori Schoolhouse licensed by the Texas Department of Family and Protective to secure emergency  medical and/or emergency treatment for the above named minor or child MMRiggs care					D 1 (* 1*			
3. Name:	1. Name:		Phone Nur	nber :	Relationship: Relationship:			
Name of Child's Physician: Phone Number: Address: Hospital Preferred for ER Treatment Health Insurance Information I hereby give permission to Montessori Schoolhouse licensed by the T Texas Department of Family and Protective to secure emergency medical and/or emergency treatment for the above named minor or child \$MMRights care	2. Name:		Phone Nur	nber:	Relationship:			
Address:	5. Name.							
Hospital Preferred for ER Treatment	A ddraga;							
Health Insurance Information		t						
I hereby give permission to Montessori Schoolhouse licensed by the Texas Department of Family and Protective to secure emergency medical and/or emergency treatment for the above named minor or child States care	Health Insurance Information							
care	I hereby give permission to Monte	essori Schoo	lhouse licer			d Protective		
	to secure emergency medical and/o	r emergency (			inor or child <b>WANN</b> (AS			
Mathan/Gernalianite Simulation			· · · ·					
ivioiner/Guardian's Signature			Mother	/Guardian's Signatu	re			





# Consent for pictures, audio and video

Student Name: \_\_\_\_\_

I hereby consent to the participation in interviews, use of quotes and the taking of photographs, audio recording or videos of the student named above.

I also grant to Montessori Schoolhouse the right to edit, use and reuse said products for non-profit purposes included, but not limited to use in printed materials, internet (included but not limited to: Montessori Schoolhouse official website, Facebook page, or other official social media school sites and accounts) such as Instagram, Facebook, etc.

Uses may include educational material creation, documentation of student progress or activities such as field trips, special projects, or school advertisement or marketing material previously approved by the school director or office manager.

I authorize MSH staff to share pictures/videos of my child's progress or activities to our cell phones and or email address (Parents).

I also hereby release the Montessori Schoolhouse and all its agents, volunteers and employees from all claims, demands and liabilities whatsoever in connection with the above.

This consent will valid until written revocation is received by student parent or guardian.

Name of Parent/Guardian

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_ Date: \_\_\_\_

#### AKNOWLEDGEMENT PAGE

Return this portion to the office:

The provisions in the Montessori Schoolhouse handbook are designed to provide parents and students information and guidance as to the procedures and rules of the school. The provisions in the handbook are not a contract and impose no obligation on the school. The handbook is not a part of the tuition agreement. The contents of the handbook may be changed as necessary at the school discretion, if changed, written notification of such changes will be provided to parents and students. For an updated digital version of the parent handbook , please visit our Montessori Schoolhouse Website:

www.mymontessorischoolhouse.com

(admissions section)

l,		
Have read and understand the Montessor	Schoolhouse Parent Handbook and comply with its rules.	

# Food Allergy Emergency Plan<sup>2024-2025</sup>

MONTESSORI SCHOOLHOUSE

Student Name:	Date of Birth:
Physician:	
Address:	
Phone:	
Please complete one	e form FOR EACH known Food Allergy
Food child is allergic to:	
Possible symptoms if exposed to this for	ood:
Specific steps to take if the child has an	allergic reaction to this food:
	ian of this child gives Montessori Schoolhouse ergy in the food serving/food preparation areas.
Parent/Guardian Signature:	Date:
MSH Signature:	Date:
For School Use:	
Food Allergy Emergency F	Plan has been posted in the classroom/food service area.
Food Allergy Emergency F	Plan has been included in the Emergency Backpack.

## MONTESSORI SCHOOLHOUSE

2024-2025 Automatic Tuition Payment Options Form

Parent's Name: \_\_\_\_\_ Child's Name(s) \_\_\_\_\_

MONTESSORI SCHOOLHOUSE is offering automatic payment options for the 2024-2025 school year as follows: tuition payments by **CREDIT** or **DEBIT** CARD.

Effective July 2023 or any month thereafter, your monthly tuition and other previously authorized charges will be processed electronically with the credit/debit card provided on the 1st. of the month.

Payment	Method
---------	--------

Please check the payment method you would like to use for the 2024-2025 school year.

**Credit** / Debit Card I will use other payment method (check, cash). Please indicate: \_\_\_\_\_\_

Ś Please indicate the amount you would like to be withdrawn monthly

Note: If you choose to pay by either a Bank Debit or Credit/Debit Card payment, you must complete and sign the authorization agreement form.

Please select the items that you will like to include (to be charged) in your authorization agreement:

ITEMS	Yearly Tuition (2% disc.) SCHOOL YEAR PAID IN FULL	Monthly Tuition CONRACT OPTION	Extended Day Charges (Registered/pre- enrolled)	Extended Day Charges (Drop- In/option)	Monthly Tuition MONTH TO MONTH OPTION	Other: SUMMER PROGRAM CHARGES
STUDENT:						
STUDENT:						
STUDENT:						

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

#### **MONTESSORI SCHOOLHOUSE**

#### AUTOMATIC TUITION PAYMENTS FORM - 2024-2025 School Year

Complete **ONLY ONE SECTION** of the Authorization Agreement and return to the school office.

Tuition Charges will be scheduled monthly the 1st. day of the month from August - May. Summer Program Charges will be

Charged on June 1st. and July 1st. Once 2024-2025 balance is paid in full, this Authorization is immediately terminated

by Montessori Schoolhouse

\*\*FOR SCHOOL YEAR CONTRACT OPTION: The tuition is charged regardless of attendance each month unless classes are cancelled by the school. If classes are cancelled, we will refund 50% of the tuition for the time cancelled and prepaid. We understand the yearly tuition is due September 1st and monthly tuition is due by the first day of each month beginning September 1st.

\*\*\* FOR MONTH TO MONTH OPTION: . There would be no refund if we were to cancel classes.

Please complete the following information:

#### AUTHORIZATION AGREEMENT FOR CREDIT/DEBIT CARD CHARGES

I (hereafter called "Parent/Guardian"), hereby authorize MONTESSORI SCHOOLHOUSE to charge my credit card on the 1<sup>st</sup>. of each month. This Authorization is to remain in effect until the 2024-2025 tuition balance is paid in full (at which time the Authorization is immediately terminated by MONTESSORI SCHOOLHOUSE) OR until a written Request for Termination of this Authorization has been received from the Parent/Guardian and processed by MONTESSORI SCHOOLHOUSE.

Complete the following line only if you require Special Date Accommodations (Subject to School Direction Approval) \*Please Charge My credit/debit card the: \_\_\_\_\_ day of the month. (SPECIAL REQUEST OTHER THAN the 1st. of each month)

Cardholder Name

Cardholder Signature

Credit Card Number

Verification Number (on back of card)

**Expiration Date** 

Zip Code of Cardholder



## **EXTENDED DAY POLICY**

Dear Parents,

### Please note that our extened day hours changed, effective Aug 14,2023:

Option	Time	Yearly Extended Day	-2% for paying the full year.	Monthly Extended Day Charge
AM Only 3 Days/ Week	7:00-	\$1,250	\$1,225	\$125
AM Only 5 Days/ Week	<del>9:00</del> 7:00-	\$1,750	\$1,715	\$175
PM Only 3 Days/ Week	9:00 3:00-6:00	\$2,850	\$2,793	\$285
PM Only 5 Days /Week	3:00-6:00	\$4,000	\$3,920	\$400
AM & PM 3 Days/ Week	7-9 & 3-6	\$3,800	\$3,724	\$380
AM & PM 5 Days/ Week	7-9 & 3-6	\$4,500	\$4,410	\$450

#### MONTHLY ENROLLMENT FEES

**"EXTENDED DAY DROP-IN OPTION"\*** \*for special circumstances such as transportation issues, parent medical appointments, etc.

# Flat rate fee \$25/Day

## Late pick up fee: \$10 (from 3:15-4:15 ONLY) \$25 AFTER 4:15

Flat Fee rate: \$25 (Flat-Rate Fee) includes AM & PM extended day hours: 7:00AM-9:00AM & 3:00PM-

6.00by

\*Please understand that this is a flat rate fee that will be charged whether your child is in AM Extended Day, PM Extended Day or both.

If Drop-in option is required for your child, please schedule it in advance or before the day/time in question with your teacher to confirm availability. Our goal is to provide the best quality of care for your child and we need to stay within staff/student ratios. Please note that space is guaranteed for your child **ONLY** if he/she is enrolled in the **MONTHLY** extended day program.

When you register for our MONTHLY extended day, we are making a commitment to provide care for the specified schedule; you are committing to pay the monthly fee whether or not your child is absent or picked up early. If extended day is no longer needed, it may be removed from your account if requested after giving a week notice.

Our school closes at6:00pm. One dollar per minute will be charged for each minute past time. Drop-in Charges and late pick up fees will be charged separately from your regular tuition payment.

Luz Migdalia Ponce

**Parent Initials:**