

# 2024-2025 Application Form for Trail Ridge Montessori School – Main Campus

Student's Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_ Town/City \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Telephone \_\_\_\_\_

Contact	Parent/Guardian	Parent/Guardian
Full Name		
Cell phone		
Home address/phone <small>if different than student</small>		
Business phone		
Email		

**Emergency Contact:** (other than parent/guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Information	
Physician: _____	
Address: _____ Bus: ☉ _____	
History of medical concerns/communicable diseases/allergies/special instructions: _____ _____	
<input type="checkbox"/> Child has prescribed epi-pen	
In the event that I cannot be reached, I give permission for my child to receive treatment. Yes <input type="checkbox"/> No <input type="checkbox"/>	
OFFICE USE ONLY Monitored intolerances/allergies:	<input type="checkbox"/> Child has Anaphylaxis Action Plan

Special requests/information:

# 2024-2025 Trail Ridge Montessori Fee Schedule – Main Campus

Student's Name: \_\_\_\_\_

## Fee Schedule for Casa and Elementary Programs

Program	Monthly Payment Structure (Monthly payments dated the first of every month from July 1 <sup>st</sup> , 2024 to April 1 <sup>st</sup> , 2025)
Full-Day Fours and Full-Day Fives	694.00
Half-Day Morning Fours and Fives	369.00
Full-Day Threes (Older than 44 Months)	760.00
Half-Day Morning Threes	418.00
Elementary	1,385.00

Please indicate your preferred program:

<input type="checkbox"/> <b>Elementary</b> students born in 2018-2016 Grade 1, 2, 3	<b>All Casa Programs operate 5 days a week</b> <input type="checkbox"/> Full Day 3s Casa students born in 2021 but older than 44 months <input type="checkbox"/> Full Day 4s Casa students born in 2020 <input type="checkbox"/> Full Day 5s Casa students born in 2019 <input type="checkbox"/> Half Day (Morning) Program students born in 2019-2021
--	--

### Please note:

- All cheques are payable to Trail Ridge Montessori School. Your first cheque in the amount of \$500.00 (dated for today) serves as your non-refundable deposit. Please take this \$500.00 off the first of your post-dated cheques.
- If you choose to take your child out of Trail Ridge mid-year, fees will be collected for the current month and all remaining post-dated cheques will be returned to you. Deposits and fees paid for previous months, including July/August, will not be reimbursed.
- Tuition fees include all classroom materials. Fees do not include field trip costs.

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

OFFICE USE ONLY	
<input type="checkbox"/> Deposit received _____	
<input type="checkbox"/> Post-dated cheques received _____	
<input type="checkbox"/> Outstanding payments _____	
<input type="checkbox"/> Confirmation email sent by _____	Date: _____
Head of School Signature: _____	Date: _____
Acceptance Date: _____	Discharge Date: _____