2024-25 Application Form for Trail Ridge Montessori School – Junior Campus

Student's Name		_ Date of Birth (MM/DD/Y	YYY)		
Address				Town/City		
Postal Code	Hon	ne Telephone _				
Contact	Parent/Guardian		Parent/Gu	Jardian		
Full Name						
Cell phone						
Home address/phone (if different than student)						
Business phone						
Email						
Emergency Contact: (othe	er than parent/guardian)		4			
Name		Relationship		Phone		
Name		Relationship		Phone		
Medical Information						
Physician:						
				Bus: @		
History of medical conce	erns/communicable diseases/alle	ergies/special ins	structions:			
Child has prescribed	epi-pen					
In the event that I canne	ot be reached, I give permission	for my child to	receive trea	atment. Yes 🗆 No 🖵		
OFFICE USE ONLY				Child has Anaphylaxis Action Plan		
Monitored intolerances/	/allergies:					

Special Requests/Information:	

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Fee Schedule

Program	Birth Year	Plan A (Monthly payments dated the first of every month from July 1 st , 2024 to April 1 st , 2025)
Toddler	2022 & 2023 (before March)	745.00
Full Day Three Casa	2021	745.00
Full Day Four and Five Casa	2020 & 2019	685.00

Please indicate the applicable program:

All programs operate 5 full days a week (Monday through Friday).

Toddler		Casa		
	Full Day - students born 2022		Full Day 3 - students born in 2021	
	Full Day - students born 2023 before March		Full Day 4 - students born in 2020	
	[Full Day 5 - students born in 2019	

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 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. Tuition includes the cost of daily catered lunch and snacks for all full day programs.

Parent/Guardian Signature:		Date:					
OF	OFFICE USE ONLY						
	Deposit received:						
	Post-dated cheques received:						
	Outstanding payments:						
	Confirmation email sent by:		Date:	_			
Hea	ad of School Signature:		Date:	_			
Acc	eptance Date:	Discharge Date:		_			