



4560 Rustic Drive  
 Madison, Wisconsin  
 608-658-9121  
 Bloominggrovemontessori.com

## 2018-2019 Student Application

Child's first name: \_\_\_\_\_ Last name: \_\_\_\_\_ Goes by: \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Care \_\_\_\_\_

Check if this child has a sibling already enrolled in our programs. What is your preferred start date? \_\_\_\_\_

**Parent/Guardian Information:**

First name:	Last name:	First name:	Last name:
Street address:		Street address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Email:		Email:	

Tuition is calculated on a school year calendar which closely follows that of the Madison Metropolitan School District, and, including the observed MMSD holidays, in-service days and other school closings. Tuition is due the first day of the school year or may be divided into monthly payments. Upon acceptance to Blooming Grove Montessori, you will be given a Tuition Agreement and Parent Handbook which details payment information and all non-school days.

\$100 Application Fee, due with the Application  \$300 Annual School Material Fee, due on or before child's first day of attendance.

### 5 days Monday-Friday

Before School with arrival between 7:15-8:15 a.m. Please add \$125/per month to the amounts listed below:

Tuition for the school year is determined by your child's age on September 1 of each year	Nido 3-18 months 8:15-8:30 arrival	Toddler 18 months -2 years 8:00-8:15 arrival	Primary 3-4 years 7:50-8:10 arrival	Kindergarten and Elementary 5-9 years 7:50-8:10 arrival
12:15-12:30 pick-up	*\$8500.00 School Year <input type="checkbox"/> \$895 Monthly	*\$7550.00 School Year <input type="checkbox"/> \$795 Monthly	*\$6600.00 School Year <input type="checkbox"/> \$695 Monthly	N/A
3:00-3:15 pick-up	*\$14,200.00 School Year <input type="checkbox"/> \$1495 Monthly	*\$12,300.00 School Year <input type="checkbox"/> \$1295 Monthly	\$10,400 School Year <input type="checkbox"/> \$1095 Monthly	*\$8500.00 School Year <input type="checkbox"/> \$895 Monthly
4:30-5:00 pick-up	*\$15,150.00 School Year <input type="checkbox"/> \$1595 Monthly	*\$14,200.00 School Year <input type="checkbox"/> \$1495 Monthly	*\$12,300.00 School Year <input type="checkbox"/> \$1295 Monthly	*\$11590.00 School Year <input type="checkbox"/> \$1220 Monthly

### 4 days Monday-Thursday

Before School with arrival between 7:15-8:15 a.m. Please add \$100/per month to the amounts listed below:

Tuition for the school year is determined by your child's age on September 1 of each year	Nido 3-18 months 8:15-8:30 arrival	Toddler 18 months -2 years 8:00-8:15 arrival	Primary 3-4 years 7:50-8:10 arrival	Kindergarten and Elementary 5-9 years 7:50-8:10 arrival
12:15-12:30 pick-up	N/A	N/A	*\$5650.00 School Year <input type="checkbox"/> \$595 Monthly	N/A
3:00-3:15 pick-up	*\$11,350.00 School Year <input type="checkbox"/> \$1195 Monthly	*\$9880.00 School Year <input type="checkbox"/> \$1040 Monthly	*\$7550.00 School Year <input type="checkbox"/> \$795 Monthly	N/A
4:30-5:00 pick-up	*\$12,300.00 School Year <input type="checkbox"/> \$1295 Monthly	*\$11,350.00 School Year <input type="checkbox"/> \$1195 Monthly	\$10,400.00 School Year <input type="checkbox"/> \$1095 Monthly	N/A

\*A 10% multiple child discount will be applied to the lower tuition. For all children enrolled there is a six-week probationary period. Please refer to the Parent Handbook for details. \*\*Tuition may be paid annually in full for a 3% discount.

Please tell us in full about *any* medical/health, and/or developmental or behavioral conditions, including speech, occupational therapy, or the like, past or present and any other pertinent information that might aid in the enhancement of your child's school experience. Use a separate sheet as necessary. We strive to care for children with various needs, and need your full input to succeed.

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Please list any allergies, current medications), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (ie. EpiPen, bee sting kit, or inhaler etc), you must supply medication labeled with child's name and detailed instructions on our Permission to Administer Medication form to the Blooming Grove Montessori office prior to your child's attendance. Kits are returned if unused.

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**Permission and Liability Waiver**

My Child, \_\_\_\_\_, has permission to fully participate in Blooming Grove Montessori activities while in the care of Blooming Grove Montessori staff. I, as parent/legal guardian, do hereby grant the Blooming Grove Montessori staff and designated adults the right to authorize emergency medical treatment for my child in the event that I nor my designated representatives cannot be reached. I agree to hold harmless Blooming Grove Montessori and its agents from liability resulting from an accident. I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents.
2. For a non-life-threatening emergency or urgent situation, staff will attempt to call the parent/guardian first and if a parent/guardian cannot be reached, staff will contact the Emergency Contact listed on the Emergency Information form. If staff cannot make an appropriate contact, staff will call paramedics or the child's health care provider.

I understand that Blooming Grove Montessori and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written and signed instruction from the health care provider and/or the child's parent/guardian.

Enrollment for your child at Blooming Grove Montessori constitutes your agreement to this waiver.

I understand that all Emergency Information on the Emergency Form must be completed before my child may attend camp. I have read and understand all policy and procedural information, including discipline, health, payment, and cancelation policies. (available at [www.bloominggrovemontessori.com](http://www.bloominggrovemontessori.com))

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<b>Signature Parent/Guardian 1</b>	<b>Date</b>	<b>Signature Parent/Guardian 2</b>	<b>Date</b>
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Print Parent/Guardian 1		Print Parent/Guardian 2	
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**Publicity Release Form (optional)**

I authorize Blooming Grove Montessori to use a photograph or other image of my child for public relations purposes connected to this program and future programs associated with Blooming Grove Montessori. I understand that my child's name will not be published with an image, without special written permission.

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<b>Signature Parent/Guardian 1</b>	<b>Date</b>	<b>Signature Parent/Guardian 2</b>	<b>Date</b>
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