



"Where children learn to make a difference"

Tuition Schedule

2023- 2024 School Year

5 Full Day Program	6:30 a.m. to 6:30 p.m.		Monthly Tuition
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- Included in your tuition: Yoga, Spanish, Music, Chinese, P.E. (Varies by age)
- School prepared lunch and snacks are provided.
- Option to enroll in the Extra Curricular Activities at an extra cost: Ballet, Tap & Hip-hop, Chinese, Piano & Soccer.
- Riverchase Montessori follows C.I.S.D for inclement weather.
- Summer Program is Optional TUITION IS NOT PRORATED DURING THE MONTHS OF AUGUST TO MAY.

5 Full Day = \$1,200

3 Full Days = \$1,110

School Day Program	8:00 a.m. to 3:00 p.m.		Monthly Tuition
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- Included in your tuition: Yoga, Spanish, Music, Chinese, P.E. (Varies by age)
- School prepared lunch and snacks are provided.
- Option to enroll in the Extra Curricular Activities at an extra cost: Ballet, Tap & Hip-hop, Chinese, Piano & Soccer.
- Riverchase Montessori follows C.I.S.D for inclement weather.
- Summer Program is Optional TUITION IS NOT PRORATED DURING THE MONTHS OF AUGUST TO MAY.

5 School Days = \$1,090

3 School Days = \$990

Half Day Program	8:00 a.m. to 12:00 p.m.		Monthly Tuition
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- Included in your tuition: Yoga, Spanish, Music, Chinese, P.E. (Varies by age)
- School prepared lunch and snacks are provided.
- Option to enroll in the Extra Curricular Activities at an extra cost: Ballet, Tap & Hip-hop, Chinese, Piano & Soccer.
- Riverchase Montessori follows C.I.S.D for inclement weather.
- Summer Program is Optional TUITION IS NOT PRORATED DURING THE MONTHS OF AUGUST TO MAY.

5 Half Days = \$955

3 Half Days = \$900

INFANT PROGRAM I = \$1,470 PER MONTH

INFANT PROGRAM II = \$1,350 PER MONTH

AFTER SCHOOL : \$525 PER MONTH

SUMMER SCHOOL ENROLLMENT = \$ 100

Other Fees

1. Registration Fee	\$200 per family
2. Supply Fee (August 1st. and January 1st.)	\$175 per semester per child
3. Yearly Re-Registration Fee	\$100 per family per year
4. Summer Program Activity & Entertainment Fee	\$75 per month per child in June & July

5. Security Deposit\$ 300
6. Late fee when tuition is not paid by the 5th of each month.....\$ 35.00
7. NSF fee will be added to your invoice when a return check takes place.....\$ 35.00

I acknowledge the terms of this fee schedule.

Signature of Parent /Guardian

Date



Application for Admission

General Information

Child's Full Name_____Date of Birth_____

Child's Home Address_____

Date of Admission_____Date of Withdrawal_____

Child Lives With: (Circle One) Both Parents Mom Dad Guardian

Custody Documents on File: (Circle One) Yes No N/A

Please note: If applicable, custody documents must be submitted with application.

Father or Guardian's Name:_____

Phone Number:_____E-mail:_____

Mother or Guardian's Name:_____

Phone Number:_____E-mail:_____

Emergency Contact Information (Not Optional). Give the name, address, and phone number of the responsible individual to call **in case of an emergency** if parents/guardian cannot be reached.

Name:_____Relationship:_____

Address:_____

Phone Number:_____

Release Authorization (Optional). I authorize Riverchase Montessori to release my child to the following persons. Children will only be released after verification of ID.

Name:_____Phone Number:_____

Name:_____Phone Number:_____

Name:_____Phone Number:_____



Consent Information

Transportation

I give consent for my child to be transported and supervised by the operation's employees:

- ☐ For emergency care
- ☐ Field Trips
- ☐ To and From School (School Age)

Please note that before field trips, parents will be notified, and further consent will be required.

School Age Children

My child attends the following school: _____

School Phone Number: _____

- ☐ My child's medical records are current and on file at their school.

I authorize Riverchase Montessori to pick up/drop off my child to the following locations:

Water Activities

I give consent for my child to participate in the following activities

- ☐ Water table play
- ☐ Splash Pad
- ☐ Sprinkler Play
- ☐ Is your child able to swim without assistance:
 - ☐ Yes
 - ☐ No (If no, what type of assistance is needed: _____)



Meals

I understand that the following meals will be served to my child in care.

- ☐ None
- ☐ Breakfast
- ☐ Morning snack
- ☐ Lunch
- ☐ Afternoon snack
- ☐ Evening snack

Parents who choose to send snacks and meals from home:

I choose to send meals and snacks from home. I understand that I am responsible for the nutritional value of my child. I understand that if I do not provide a snack for my child, he or she will be served one from the school.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Days and Times in Care

- ☐ 5 Full Days (6:30 am – 6:30 pm)
- ☐ 5 School Days (8:00 am – 3:00 pm)
- ☐ 5 Half Days (8:00 am – 12:00 pm)
- ☐ 3 Full Days (6:30 am – 6:30 pm) Specify Days: _____
- ☐ 3 School Days (8:00 am – 3:00 pm) Specify Days: _____
- ☐ 3 Half Days (8:00 am – 12:00 pm) Specify Days: _____
- ☐ After School (3:00 pm – 6:30 pm)

Please note that the full day program is the only available option for children 18 months and younger.



Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____

Address: _____

Phone Number: _____

Name of Emergency Care Facility:

Address: _____

Phone Number: _____

I give consent to Riverchase Montessori to secure any and all necessary emergency medical care for my child.

Parent or Legal Guardian Signature: _____

Date: _____



Child Allergy Information

Does your child have diagnosed food allergies? If yes, please submit an allergy action plan.

- ☐ Yes
- ☐ No

Please list **diagnosed** food allergies _____

Child's Special Care Needs (check all that apply)

- ☐ Environmental Allergies
- ☐ Limitations or restrictions on child's activities
- ☐ Food intolerances
- ☐ Reasonable accommodations or modifications
- ☐ Existing illness
- ☐ Adaptive equipment (include instructions below)
- ☐ Previous serious illness
- ☐ Symptoms or indications of complications
- ☐ Injuries and hospitalizations (past 12 months)
- ☐ Medications prescribed for continuous long-term use
- ☐ Other

Explain any needs selected above:



Health Statement

Health statements must be signed by your child's physician **within one week** of admission. This statement may be faxed to the school at the number listed at the bottom of the page. This is not a requirement for children in the After School Program.

Child's Full Name: _____

Date of Birth: _____

Health Care Professional Statement: I have examined the child within the past twelve months and find that he or she is able to take part in the school program.

Physician Signature: _____

Date: _____

Vision and Hearing

Children 4 years and older, a copy of the vision and hearing screening must be attached. This is not a requirement for children in the After School Program.

Immunizations

- ☐ I have attached my child's immunization records
- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

Please note that immunizations must be updated as received. Immunization records are not a requirement for children in the After School Program.



Behavior and Conduct Statement

Riverchase Montessori reserves the right to terminate enrollment at any time if a child's behavior puts other children or staff members in danger. In this case, a 30-day notice is given to find alternative care.

Parent or Guardian Signature: _____ Date: _____

Parent Acknowledgement of Admission Documents

- ☐ I have attached all necessary documents and understand that enrollment is not complete until all necessary documents have been submitted.
- ☐ I will update my child's immunization records as soon as received.
- ☐ I understand that vision and hearing results must be submitted once my child turns 4 years old.

Parent or Guardian Signature : _____ Date: _____