



Application for Admission

Child's Name: _____ Date: _____
Last First Nickname

Girl ____ Boy ____ Date of Birth _____ Age in August _____

Address: _____
Number Street City Zip

Child lives with (check all that apply) mother ____ father ____ stepmother ____

stepfather ____ Other _____ (relationship)

mother/female guardian's name: _____
last, first

father/male guardian's name: _____
last, first

Financial responsibility for the child will be assumed by: _____

Relationship to child _____
last, first

Address: _____

Social Security Number: _____

Occupation/Title: _____ Employer: _____

Business Address/Phone: _____

Cell Number/Pager: _____

E-mail at home/work/fax number: _____

Please return this form to:
The Seybold Montessori Academy
115 W. 11th Street
Marion, In 46953
(765)-506-2338



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Tuition Schedule 2005-2006

*Annual Payment-covers entire academic year, August through June
Monthly Payment are divided into 10 months*

Kindergarten Available for 5-Day Programs, Half-Day or Full-Day

Option A:

5-day, Full Day Program (8:30 a.m. to 4:00 p.m.)

Note: for children ages 5 and 6.

Monthly Payment	\$425.00
Annual Payment	\$4,250.00

Option B:

Five-Day, Half Day Program (8:30- 11:30 a.m. or 1 - 4 p.m.)

Monthly Payment	\$235.00
Annual Payment	\$2,350.0

Option C:

Three-Day, Full Day Program M-W-F (8:30 a.m.- 4:00 p.m.)

Monthly Payment	\$285.00
Annual Payment	\$2,850.00

Option D:

Three-Day, Half Day Program, M-W-F (8:30-11:30 a.m. or 1-4 p.m.)

Monthly Payment	\$185.00
Annual Payment	\$1, 850.00

Option E:

Two-Day Program, Half Day, Tuesday-Thursday (8:30- 11:30 a.m. or 1- 4 p.m.)

Monthly Payment	\$120.00
Annual Payment	\$1, 120.00



Child Placement Form 2005-06

PLEASE INDICATE 1ST & 2ND CHOICES: 1ST: OPTION _____ 2ND: OPTION _____

- TOTAL DUE AT ENROLLMENT FOR THOSE PAYING MONTHLY: \$160.00- (\$35 SMART FEE, A NON-REFUNDABLE \$25 REGISTRATION FEE, & A \$100.00 NON-REFUNDABLE TUITION FEE THAT WILL BE APPLIED TO THE LAST MONTH'S TUITION).
- TOTAL DUE AT ENROLLMENT FOR THOSE PAYING THE ENTIRE YEAR'S TUITION UP FRONT: \$125.00- (A \$25 REIGISTRATION FEE AND A \$100.00 NON-REFUNABLE TUITION ADVANCEMENT. BALANCE OF TUITION WILL BE DUE ON YOUR CHILD'S FIRST DAY OF SCHOOL.
- THERE WILL BE A 5 PERCENT DISCOUNT APPLIED TO THE TUITION PAYMENT FOR THOSE CHOSING TO PAY THE ENTIRE YEAR'S TUITION UP FRONT.
- WE ALSO OFFER A 5 PERCENT DISCOUNT FOR SIBLINGS.

**Checks returned for insufficient funds are subject to a \$30.00 fee.*

Child's Name: _____ Birth date: _____

Address: _____ Phone: _____

Parent's Signature: _____

Extended Care

If you are interested in utilizing the Extended Care Program during the school year, please indicate your needs. Extended Care is billed monthly. It is \$3/hour, per child. There is a one -hour minimum, rounded to the half-hour. The Extended Care will be offered from 7 a.m. to 6 p.m. M-F. If you have any questions, please call Jen or Laura (765)506-2338.

(mark with an X what days you need, and from what hour to what hour (ex: 4-6 p.m.) * (do not include time your child is in Montessori class).

_____ Mon. Hours Needed: _____ _____ Tues. Hours Needed: _____

_____ Wed. Hours Needed: _____ _____ Thurs. Hours Needed: _____

_____ Fri. Hours Needed: _____ _____ Occasional