



**Admission Information**

Facility Name Montessori School of Corpus Christi		Director's Name Maureen Charleston	
Childs Name		Sex M                  F	Date of Birth
Address			
Date of Admission	Date of Withdrawal	Hours & Days Child Will Be In Care	
Mother or Guardian's Name		Father or Guardian's Name	
Mother's Occupation & Work Number		Father's Occupation & Work Number	
Home Phone	Cell Phone	May We Add You To The School Directory? Yes                  No	
Email Addresses			
Previous School/Daycare Attended			
How Did You Hear About MSCC?			

<p>Check All That Apply:</p> <p>1. WATER ACTIVITIES: I hereby ___ give ___ do not give my permission for my child to participate in ___ sprinkler play, ___ splashing/wading pools, or ___ water table play.</p> <p>2. RECEIPT OF WRITTEN OPERATIONAL POLICIES/HANDBOOK I acknowledge receipt of the operational policies including those for discipline and guidance</p> <p align="center">_____</p> <p align="center">Signature of Parent/Legal Guardian</p>
<p>Siblings:</p> <p>Name: _____ Birthdate: _____</p> <p>Name: _____ Birthdate: _____</p> <p>Name: _____ Birthdate: _____</p>

**\*\*If none, please write N/A\*\*** List any special problems that your child may have, such as allergies, existing illnesses, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term, continuous use, and any other information which staff should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Admission Information

**AUTHORIZED FOR EMERGENCY MEDICAL ATTENTION**

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

Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I give consent for this facility to secure any and all necessary emergency medical care of my child

\_\_\_\_\_  
**Signature- Parent/Legal Guardian**

The Montessori School of Corpus Christi admits students of any race, nationality and ethnicity. All rights, privileges, programs and activities made available by the school are open to ALL students. MSCC does not discriminate on the basis of race, nationality, or ethnicity in its administration of its educational polices, admissions policies and other school-administered programs.

It is the goal of the Montessori School of Corpus Christi to help each student succeed in school. However, MSCC recognizes that from time to time, it is in the best interest of the student and/or school for the student to seek educational services elsewhere. If the parents fail to follow up with the appropriate recommendations from professionals and the school; or if a student is disruptive or requires excessive attention or if the Management Team determines that it is in the best interest of the school, the Team may require the parents to withdrawal the student from the school.

The Montessori School of Corpus Christi reserves the right to request academic or other assessments relating to the students needs and requires full disclosure of previous academic testing.

Complete records must be forwarded from each previous school before official acceptance.

\_\_\_\_\_ I understand that \$130 is to be paid along with the return of this form to MSCC

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Notes from student interview:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Rec'd \_\_\_\_\_ Amount Rec'd \_\_\_\_\_ Check # \_\_\_\_\_ Staff \_\_\_\_\_

School Year \_\_\_\_\_ Start Date \_\_\_\_\_ Class \_\_\_\_\_

Ask for **Emergency Information Sticker** for  
 Allergies or Medical Information  
 Custody Information / Restraining Orders  
 Special Release Information or other Special Needs, etc.

**INITIAL HERE IF AN  
 EMERGENCY  
 STICKER IS NOT  
 NEEDED:**

Child's Last Name: \_\_\_\_\_  
 Child's First Name: \_\_\_\_\_  
 Child's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

In an emergency, contact these people in the order listed below (INCLUDE PARENTS)

1. Name: \_\_\_\_\_  
 Relation to child: \_\_\_\_\_  
 Address: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Hm. Phone: \_\_\_\_\_ Wk. phone: \_\_\_\_\_  
 Pager / Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Relation to child: \_\_\_\_\_  
 Address: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Hm. Phone: \_\_\_\_\_ Wk. phone: \_\_\_\_\_  
 Pager / Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_  
 Relation to child: \_\_\_\_\_  
 Address: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Hm. Phone: \_\_\_\_\_ Wk. phone: \_\_\_\_\_  
 Pager / Cell: \_\_\_\_\_

4. Name: \_\_\_\_\_  
 Relation to child: \_\_\_\_\_  
 Address: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Hm. Phone: \_\_\_\_\_ Wk. phone: \_\_\_\_\_  
 Pager / Cell: \_\_\_\_\_

These people have my permission to pick up my child from  
 The Montessori School of Corpus Christi **INCLUDE PARENTS IN THE LIST.**  
 You must include every person you placed on the Emergency Contact List

Name	Phone #	Relation to Child

In the event that I, \_\_\_\_\_ (Please Print)  
 cannot be reached to make arrangements for immediate emergency  
 medical attention, I authorize The Montessori School of Corpus  
 Christi, a qualified staff member or chaperone to take my child,  
 below \_\_\_\_\_ to the licensed physician named  
 ( Please print child's name )  
 or to the nearest clinic or hospital.  
 I hereby give my consent for any and all necessary treatment for my  
 child when the child is in the care of MSCC.  
 \_\_\_\_\_ I will provide sunscreen/bug repellent for my child.  
 \_\_\_\_\_ When my supply is empty and being replenished, MSCC has  
 my permission to use their sunscreen/bug repellent on my child.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_  
 Address: \_\_\_\_\_



TUITION AGREEMENT  
2020-2021

Child's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Please circle one: Attending: 10 months (Toddler & Primary ONLY) or 12 months Please mark choices:

_____	Early Care	7:30 - 8:30	_____	Tuition 8:30 - 3:30
_____	Tuition	8:30 - 2:30		
_____	Tuition	8:30 - 5:30		

I, (print your name) \_\_\_\_\_ the parent or legal guardian of  
(print child's name) \_\_\_\_\_ agree to pay the annual tuition, daycare  
and fees in the following amounts and manner

MONTESSORI POLICY  
AGREEMENT

Please read and initial

\_\_\_\_\_ I am aware that I pay a yearly tuition in monthly payments via FACTS. There will be no discounts for "shorter" months.

\_\_\_\_\_ I understand that if I pay my annual tuition in full by August 10th, I will receive a 6% discount on my annual tuition.

\_\_\_\_\_ I am aware that all monthly fees are due on the 1st or 15<sup>th</sup> of each month. A late fee will be assessed via FACTS for payments not received by the scheduled due date each month.

**\*If no payment has been received within 10 days of payment due date, and no arrangement made with the office with regard to payment, your child's space will be offered to a new student.\***

\_\_\_\_\_ I am aware that all tuition and fee payments, once paid, are non-refundable.

\_\_\_\_\_ I am aware that approved schedule changes require an amended tuition agreement 30 days prior to the change.

\_\_\_\_\_ I am aware that each child is allowed one schedule change per year, free of charge. After that, a \$10 fee will be assessed for each schedule change requested.

\_\_\_\_\_ I am aware that a written 30-day notice is required prior to withdrawal. If 30-day notice is not given, additional tuition may be charged.

\_\_\_\_\_ I agree to pay Early Drop-Off/Late Pickup fees billed at \$10 per hour and:

After 5:30 Penalties are as follows:

5:31 – 5:45 = \$25.00

5:46 – 6:00 = \$35.00

6:01 – 6:15 = \$45.00

6:16 or later = \$55.00

\_\_\_\_\_ I understand that steep fees and penalties are imposed to deter early drop-offs and late pickups which can cause MSCC to be out of ratio or have children on campus beyond our licensed times, which could result in loss of our Texas PRS License.

I have read and agree to the above Payment Plan and Policies of MSCC.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Doctor Health Statement**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

To your knowledge, has this child been under the care of a physician other than yourself? If so, please explain:

\_\_\_\_\_

Have you ever referred this child to a specialist? \_\_\_\_\_

Please indicate any of the following actual diseases (NOT immunizations) the child has had:

Chicken Pox	<input type="checkbox"/> has <b>not had</b> disease	<input type="checkbox"/> <b>had</b> Chicken Pox:	date: _____
Measles	<input type="checkbox"/> has <b>not had</b> disease	<input type="checkbox"/> <b>had</b> Measles:	date: _____
Polio	<input type="checkbox"/> has <b>not had</b> disease	<input type="checkbox"/> <b>had</b> Polio:	date: _____
Hepatitis B	<input type="checkbox"/> <b>had not had</b> disease	<input type="checkbox"/> <b>had</b> Hepatitis B	date: _____

Please check any of these symptoms which you have noticed or been made aware of:

<input type="checkbox"/> dizziness	<input type="checkbox"/> pains in joints	<input type="checkbox"/> hearing difficulty
<input type="checkbox"/> hernia	<input type="checkbox"/> speech difficulty	<input type="checkbox"/> frequent sore throats
<input type="checkbox"/> squinting	<input type="checkbox"/> blurred vision	<input type="checkbox"/> frequent colds
<input type="checkbox"/> night sweats	<input type="checkbox"/> earaches	<input type="checkbox"/> tires easily
<input type="checkbox"/> twitching	<input type="checkbox"/> nervous disorder	<input type="checkbox"/> frequent nosebleeds
<input type="checkbox"/> convulsions	<input type="checkbox"/> shortness of breath	<input type="checkbox"/> frequent urination
<input type="checkbox"/> mouth breathing	<input type="checkbox"/> fainting spells	<input type="checkbox"/> frequent sties
<input type="checkbox"/> abdominal pain	<input type="checkbox"/> frequent diarrhea	<input type="checkbox"/> watery eyes
<input type="checkbox"/> persistent cough	<input type="checkbox"/> frequent headaches	<input type="checkbox"/> crossed eyes

Are there any physical or health considerations concerning this child of which the school should be aware?

Please include all known ALLERGIES and ASTHMA:

None

Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If child is over the age of 4, please include a copy of their vision and hearing tests.

Please check one:

The above-named child has been given a comprehensive physical examination and was found to be in good health. He/she may be admitted, with my approval, to The Montessori School of Corpus Christi.

The above-named child may be admitted to school with the following reservations:

\_\_\_\_\_  
\_\_\_\_\_

Print or stamp Physician's name: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date



## Photo Release Consent Form

### 2020-2021 School Year

I hereby DO or DO NOT (please circle one) give permission for my child, to have \_\_\_\_\_ his/her photograph taken for use by the Montessori School of Corpus Christi. Uses for photographs include but are not limited to postings on our private and/or public Facebook pages, on our website, or used for promotional materials for the school.

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Printed Name of Parent

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Parent Signature

---

Date



## Infant Program

(Birth - 18 months)

Infant 5-Day	8:30-2:30	\$613
Infant Extended Day	8:30-3:30	\$713
Infant Extended Day Plus	8:30-5:30	\$840

For Early Care beginning 7:30am - 8:15 am add \$58/month

## MSCC Tuition & Enrollment Fee Schedule 2020-2021

### Administration / Enrollment Fees

- A one-time New Family fee of \$130 per family.
- Yearly Enrollment Fee: \$425 per child ( \*Family cap of \$850\* )

\*THE REMAINDER OF THE NEW FAMILY FEE DUE AT TIME OF REGISTRATION\*

Family Commitment: Families are required to volunteer 6 hours per school year at different school events/workdays of their choice or pay \$10/hr.

ALL TUITION AND FEES ARE NON-REFUNDABLE (EVEN IF PAID IN ADVANCE).



## Toddler Program (18 months - 3 years)

For Early Care beginning 7:30am — 8: 15am add \$48/month 3-Day

Toddler 3-Day	8:30-2 30	\$437
Toddler Extended Day	8:30-3:30	\$513
Toddler Extended Day Plus	8:30-5:30	\$608

For Early Care beginning 7:30am — 8: 15am add \$58/month 5-Day

Toddler 5-Day	8:30-2:30	\$603
Toddler Extended Day	8:30-3:30	\$703
Toddler Extended Day Plus	8:30-5:30	\$830

MSCC Tuition & Enrollment Fee Schedule 2020-2021

### Administration / Enrollment Fees

- A one-time New Family fee of \$130 per family.
- Yearly Enrollment Fee: \$425 per child ( \*Family cap of \$850\* )

\*THE REMAINDER OF THE NEW FAMILY FEE DUE AT TIME OF REGISTRATION\*

Family Commitment: Families are required to volunteer 6 hours per school year at different school events/workdays of their choice or pay \$10/hr.

ALL TUITION AND FEES ARE NON-REFUNDABLE (EVEN IF PAID IN ADVANCE).





## Primary Program

(3-6 years - must be toilet trained)

For Early Care beginning 7:30am - 8: 15am add \$48/month 3-Day

Primary 3-Day	8:30-2:30	\$420
Primary Extended Day	8:30-3:30	\$496
Primary Extended Day Plus	8:30-5:30	\$590

For Early Care beginning 7:30am – 8:15 am add \$58/month 5- Day

Primary 5-Day	8:30-2:30	\$579
Primary Extended Day	8:30-3:30	\$672
Primary Extended Day Plus	8:30-5:30	\$806

MSCC Tuition & Enrollment Fee Schedule 2020-2021

### Administration / Enrollment Fees

- A one-time New Family fee of \$130 per family.
- Yearly Enrollment Fee: \$425 per child ( \*Family cap of \$850\* )

\*THE REMAINDER OF THE NEW FAMILY FEE DUE AT TIME OF REGISTRATION\*

Family Commitment: Families are required to volunteer 6 hours per school year at different school events/workdays of their choice or pay \$10/hr.

ALL TUITION AND FEES ARE NON-REFUNDABLE (EVEN IF PAID IN ADVANCE).

\*\* Kindergarten year commences when a student turns 5 years o/d on or before September 2\* \*

# MSCC

MONTESSORI SCHOOL OF CORPUS CHRISTI



## August 2020 - July 2021

### Staff In-Service (School is closed)



- ◆ August 4-7
- ◆ October 12
- ◆ January 18
- ◆ May 28
- ◆ August 4-7 (2020)



### Holidays (School is closed)

- ◆ Aug 3 Summer Break
- ◆ Sept. 7 Labor Day
- ◆ Nov 25-27 Thanksgiving Break
- ◆ Dec 21- Jan. 1 Winter Break
- ◆ March 12 Spring Break
- ◆ April 2 Good Friday
- ◆ May 31 Memorial Day
- ◆ July 5 Independence Day
- ◆ Aug 2-6 Summer Break (2021)



### MSCC Events

- ◆ Aug 10 Parent Orientation
- ◆ Aug 28 Maria Montessori Social
- ◆ Oct 24 Trunk n Treat
- ◆ Nov 19 Friendship Feast
- ◆ April 18A "Evening Under The Stars"
- ◆ May 26 Infant/Toddler Performance
- ◆ May 27 Primary Performance/Graduation



### Parent/Teacher Conference

- ◆ October 12 (New Families)



### Non-Year Round

- ◆ Aug 5 First Day of School
- ◆ Jan 4 First Day After Break
- ◆ May 27 Last Day of School



### Half Day

- ◆ December 18

901 Brawner Parkway  
Corpus Christi, Texas 78411

### August

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

### September

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

### October

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

### November

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

### December

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

### January

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

### February

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

### March

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

### April

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

### May

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

### June

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

### July

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						