

GEIST MONTESSORI ACADEMY

PRE-KINDERGARTEN

ENROLLMENT PACKET

2017-18

6633 W 900 N
McCordsville, Indiana 46055
Phone (317) 335-1158
Fax (317) 335-3565

PRE-KINDERGARTEN PROGRAM OVERVIEW

GMA'S Pre-Kindergarten program is a fee-based program.

Students enrolled in the Pre-Kindergarten program will attend five days a week. Each day will begin daily at 8:30 a.m. and conclude at 3:30 p.m. for full day students. Our half day program will begin at 8:30 a.m. and conclude at 11:30 a.m.

Before care and after care is provided at an additional cost.

Transportation will not be provided. GMA relies solely on parental transportation.

The Pre-Kindergarten program will follow the GMA Academic calendar.

The Pre-Kindergarten program offers a full curriculum that includes language, math, science, geography, sensorial, practical life, music, art, gym, and grace and courtesy.

The daily schedule for the Pre-Kindergarten program is as follows:

8:30 a.m.	Arrival
8:30 – 10:30 a.m.	Work Cycle and Snack
10:30 – 10:50 a.m.	Circle Time
10:50 – 11:20 a.m.	Specials (art, music, gym, Spanish)
11:30 – 12:00 p.m.	Recess for full day students
12:00 – 12:30 p.m.	Lunch
12:30 – 2:30 p.m.	Rest for those who need one and work cycle for those who do not
2:30 – 3:00 p.m.	Recess
3:00 – 3:20 p.m.	Circle Time and Restore Classroom
3:30 p.m.	Dismissal

2017-18 PRE-KINDERGARTEN ENROLLMENT

Geist Montessori Academy

CHECKLIST

Your application package is considered complete when each of the following is included:

- _____ Application/enrollment
- _____ Parent/Guardian Information Form
- _____ Tuition Fees Form
- _____ Copy of original birth certificate
- _____ Proof of immunizations
- _____ Non-refundable \$225.00 deposit

Please submit your completed application package including each of the above items to Geist Montessori Academy Pre-K to complete enrollment.

2017-18 PRE-KINDERGARTEN TUITION FEES FORM

Geist Montessori Academy

Non-refundable deposit: \$225.00 (due at time of enrollment)
Materials fee: \$110.00 (due September 1, 2017)

TUITION PAYMENT OPTIONS:

FULL DAY

_____ Option 1
Full payment of \$6,150.00 due August 1, 2017 (receive a 3% discount if paid in full by 8/1/17)

_____ Option 2
1st payment of \$3,075.00 due August 1, 2017, 2nd payment of \$3,075.00 due January 1, 2018

_____ Option 3 (Ten Installments)

August 1, 2017	\$615.00	January 1, 2018	\$615.00
September 1, 2017	\$615.00	February 1, 2018	\$615.00
October 1, 2017	\$615.00	March 1, 2018	\$615.00
November 1, 2017	\$615.00	April 1, 2018	\$615.00
December 1, 2017	\$615.00	May 1, 2018	\$615.00

HALF DAY

_____ Option 1
Full payment of \$4,612.50 due August 1, 2017 (receive a 3% discount if paid in full by 8/1/17)

_____ Option 2
1st payment of \$2,306.25 due August 1, 2017; 2nd payment of \$2,306.25 due January 1, 2018

_____ Option 3 (Ten Installments)

August 1, 2017	\$461.25	January 1, 2018	\$461.25
September 1, 2017	\$461.25	February 1, 2018	\$461.25
October 1, 2017	\$461.25	March 1, 2018	\$461.25
November 1, 2017	\$461.25	April 1, 2018	\$461.25
December 1, 2017	\$461.25	May 1, 2018	\$461.25

Please note: The non-refundable deposit is not applied towards tuition or materials fee. Should you decide to unenroll your child after school begins, a two week notice is required. Should your child unenroll between the 1st-15th of the month only half of the month's tuition will be due. Should your child unenroll between the 16th-the end of the month, the full month's tuition will be due.

Student's Name

Parent's Signature

2017-18 Pre-Kindergarten Immunization Requirements

Geist Montessori Academy

Indiana State Department of Health (ISDH): 2017-18 School Year

<u>Number of Vaccinations</u>	<u>Abbreviation</u>	<u>Description/Disease Prevented</u>
3	HepB	Hepatitis B
4	DTaP	Diphtheria, Tetanus & Pertussis
3	Polio	Inactivated Polio
1	MMR	Measles, Mumps & Rubella
1	Varicella	Chicken Pox

Proof of Immunizations must be provided at time of enrollment

2017-18 PRE-KINDERGARTEN ENROLLMENT FORM

GEIST MONTESSORI ACADEMY

Last Name _____ First Name _____ Middle _____

Address _____ Date of Birth _____

City _____ Zip _____ County of Residence _____

Phone _____ Alternate Phone _____

Email Address _____

School District of Legal Residence _____

School Previously Attended _____

=====

Parent/Guardian Name _____ Relationship to Student _____

Legal Guardian: Yes No Resides with: Yes No

Street Address _____ City _____ Zip _____

Phone _____ Cell _____

Employer _____ Phone _____

Email Address _____

Parent/Guardian Name _____ Relationship to Student _____

Legal Guardian: Yes No Resides with: Yes No

Street Address _____ City _____ Zip _____

Phone _____ Cell _____

Employer _____ Phone _____

Email Address _____

EMERGENCY CONTACTS

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

AUTHORIZATION FOR ALTERNATE TRANSPORTATION

I hereby authorize Geist Montessori Academy Pre-K to allow my child to leave school with the persons listed below. I understand that the school office must be notified in writing prior to my child leaving school with any individual other than a parent or guardian.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

MEDICAL/HEALTH INFORMATION
2017-18 School Year

Student Name _____ Date of Birth _____

Allergies: _____

Current Medications: _____

Physician: _____ Phone _____

Does your child have any medical restrictions, impairments or special physical needs?

Please provide documentation in support of the above restrictions/needs.

In the event that my child becomes ill or injured while attending Geist Montessori Academy Pre-K, and in the event that a parent/legal guardian cannot be contacted, I/we give permission to those in charge to administer first aid. If my child is in need of emergency medical treatment, and a parent/legal guardian cannot be contacted, I/we give permission to transport my child to the nearest hospital emergency room for treatment. I consent to such medical treatment deemed necessary by a licensed physician.

Date _____

Parent/Legal Guardian

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www.gmacademyprek.org

GMA PRE-K CONSENT FORM

Student Name _____

Parent Name _____ Date _____ 2017-18

STUDENT/PARENT HANDBOOK ACKNOWLEDGEMENT

I acknowledge that I have received the Geist Montessori Academy Pre-K Student/Parent Handbook, which is also available on the school website at www.gmacademyprek.org. I understand that I will be notified of any changes and/or additions to the handbook and am responsible for reviewing all updates on the school's website when they become available.

Date _____ Parent/Guardian _____

PHOTO RELEASE

I give permission for photographs of my student, taken while participating in Geist Montessori Academy Pre-K activities, to be used for school related publications including the yearbook, web page and/or newsletters.

Date _____ Parent/Guardian _____

COMPUTER LAB AND INTERNET ACCESS CONSENT

I understand and agree to abide by Geist Montessori Academy's Pre-K Student Computer Lab and Internet Access policies as outlined in the Student Rights and Responsibilities Handbook.

Date _____ Student _____

By signing below, I grant permission for said student to access networked computer services such as electronic mail and the internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance of Internet use and for setting and conveying standards for my child to follow when selecting, sharing or exploring information and media.

Parent/Guardian

Date _____