



**New Student
Application
January 2021**

10309 New Hampshire Ave
Silver Spring, MD 20903
301-434-0373
info@pbmontessori.com
www.pbmontessori.com

Please contact us if you need help: info@pbmontessori.com

Office use only:

Application Amount: \$75: Check # _____ Date Received: _____ Staff Initials _____
Please enclose a \$75 non-refundable application fee with this application.

Print clearly and complete all information.

Student's Name: _____
Last Name *First Name* *Middle Name*
 Male Female Date of Birth: _____ Age: _____

Select Program

Primary Program
(Ages 3 to 5)
(In-person Instruction)

Full Day*: \$1750 per month
(*Full Day: 8:45am - 2:45pm)

Elementary Program
(Online Classes Rate)

Grade 1 to Grade 6: \$1800 per month
(We will provide most Materials)

Non-refundable Application Fee: \$75

Tuition Deposit: one month's tuition

Academic Year Activity Fee: \$250

Toilet Training Fee: \$75 monthly

Optional Annual Fees:

- AM (7:30-8:45am) \$1730
- PM5 (3-4 pm) \$3114
- PM6 (3-5pm) \$4152
- AM and PM5 \$4320
- AM and PM6 \$5294

Applicant Information

Is your child toilet-trained?* Yes No

*A \$75 monthly toilet training fee will be added to the tuition of any child not fully toilet trained by January 2021. A child that is fully toilet trained needs to be able to independently wipe themselves, be able to pull clothing up and down without adult assistance and must not be wearing diapers/pullups at naptime.

Language(s) spoken at home _____

Home Address: _____
Street City State Zip

Does the applicant have previous experience at a Montessori school? Yes No

Name of previous school/daycare attended: _____

School Phone Number: _____ Years Attended: _____

Do we have permission to contact them? Yes No

Please describe in detail any allergies, medical conditions or physical disabilities the applicant has which the school should be aware of:

Has the applicant ever had any behavioral, psychological or educational evaluations?

Yes No If yes, what kind, when and by whom*?

Please provide all contact details below: _____

***Please provide contact information and official copies of all reports to the school office to help form a complete picture of your child’s learning style. Applications will not be considered complete until evaluation copies have been submitted. Neglecting to inform the school office is grounds for dismissal.**

Parent/Guardian Information

Father/Guardian _____ Mother/Guardian _____

Mobile Number _____ Mobile Number _____

Profession _____ Profession _____

E-mail _____ E-mail _____