



2021- 2022 SCHOOL YEAR APPLICATION

Alpha Montessori School

11430 Wornall Road • Kansas City, Missouri 64114
816.942.5567 www.AlphaMontessoriKC.com

finest education for the most precious years since 1962

Student's Legal Name

Application Date

Preferred Name

DOB

Gender M

F

Allergies

Main Residence living with: Both Parents

Mother

Father

Other

Address

City

ST

Zip

Parent/Guardian

Parent/Guardian

Main Phone

Main Phone

Work Phone

Work Phone

Other Phone

Other Phone

Email

Email

If applicable: Other Residence living with: Mother

Father

Other

Address

City

ST

Zip

Weekly Attendance	DISCOVERY <i>ages 2-3</i>		PRESCHOOL & KINDERGARTEN <i>ages 4-6</i>		EXTENDED CARE <i>all ages</i>		
	AM	All Day	AM	All Day	AM	PM	BOTH
2 days / week Tuesday & Thursday							
3 days / week Monday, Wednesday, Friday							
5 days / week Monday - Friday							

Please select a TUITION PLAN

4% Discount If paid by Aug 1 st	<input type="checkbox"/>	ANNUAL due Aug 25	<input type="checkbox"/>	BIANNUAL due Aug 25 & Jan 1	<input type="checkbox"/>	Monthly by the 25 th for next month	<input type="checkbox"/>
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Does your family qualify for any discounts?

Two discounts maximum per family

Military (active or vet)

First Responder

Second &/or third child attending Alpha

ART – PHOTOGRAPHY RELEASE

I give permission for photographs to be take of my child and corresponding artwork to be created for the sole purpose of Alpha Montessori School. Yes No

ENROLLMENT AGREEMENT

I understand students are admitted for the full school year and my agreement to pay tuition for the entire year is not subject to adjustment because of absence or illness. If there is a failure to make a tuition payment, a written delinquent notice will be given to the guardian(s). Continued failure to make payments shall be cause for dismissal.

I understand and accept the withdrawal policy of providing a 30-day written notice, or one full month tuition will be charged. In consideration of the acceptance of my child as a student at Alpha Montessori School, the undersigned agrees to all the policy statements of the school.

Signature

Date

Print Name

Please email this completed form to Tuition@AlphaMontessoriKC.com



FOR OFFICE USE ONLY

Enrollment Forms	Deposit Amt	Paid by	Recurring Payment
Key Code	State Enrollment & Immunization	Handbook Sign off	
Comments			