

## TUITION SCHEDULE 2024–2025

- REGISTRATION FEE: (Non-Refundable)..... \$375.00
- FULL DAYS (8:30am- 2:30pm / per month)..... \$1325.00
- HALF DAYS (8:30am-12:00pm/ per month)..... \$1105.00
- EXTRA HALF DAYS..... \$29.00
- EXTRA HOURS (Available from 7:00am-6:00pm)  
Before 8:30am and after 2:30pm (per hour)..... \$6.00
- Toddler Program ONLY: (18 months to 2 ½ years) 3,4,5 Day Programs
  - Full Day(8:30am-2:30pm) Five Days -\$1535 / Four Days -\$1480 / Three Days - \$1325
  - Half Day(8:30am-11:30am) Five Days - \$1310 / Four Days - \$1260 / Three Days - \$1155
- Annual Insurance Premium..... \$95.00
- Monthly Security Fee:..... Per child \$25.00 per Family \$40.00
- A \$375.00 non-refundable registration fee per family is due at the time the application is submitted.

***Our tuition is paid annually. Above is the monthly payment, tuition is a yearly one. Equal monthly payments are due by the 1<sup>st</sup>. Payments are not affected by vacation days, closures, holidays etc.***

This fee is not applied to any part of the tuition. The class placement list is made in the order which applications and registration fees are received and the discretion of the Administrator. To maintain the quality of the program and to remain within the regulatory guidelines, it is necessary to limit the size of our sessions. Your name will be placed on a waiting list when enrollment is filled. Scripps Montessori School is a private school dedicated to academic excellence in early childhood education. It is NOT a daycare center! Extended care is provided as an additional service of the school, not as its primary function. Scripps Montessori School follows the San Diego City school calendar.

Tuition payments are due on the first school day of each month. First and last installment tuition payment is due on or before the child’s first day of school. If a child is not in attendance for whatever reason and the tuition payment is not received, that child’s space will be filled by our waiting list. Back tuition payment and repayment of the registration fee would reinstate the enrollment provided there was sufficient space available. There is a \$40.00 late fee for payment received after the 6<sup>th</sup> of the month. Enrollment will not continue unless this fee is paid. Early arrivals and late departures shall incur extended day changes. Delinquent accounts will be carried not more than 15 days beyond the due date before enrollment is terminated. Your child has space reserved for the school year. School expenses are not significant diminished by a child’s absence.

Regretfully, no tuition allowances can be made for a child not in attendance. One month written notice is expected for withdrawal. Refunds are made only upon business transfer. Students are accepted on a tentative basis, pending a determination of suitability of the program for the child and the ability to adjust to the group environment.

Enrollment of your child assumes compliance with and support of the policies stated in the Scripps Montessori School Handbook, as well as the tuition policies stated above.

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Signature
Date

**SCRIPPS MONTESSORI SCHOOL**

**APPLICATION FOR ADMISSION**

**PLEASE PRINT OR TYPE**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_

E Mail: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone Parent 1: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Parent 2: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Occupation : \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Parents Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Other

Sibling Name and Ages: \_\_\_\_\_

**PROGRAM REQUESTED** (please number your choices)

\_\_\_\_ Half Day AM (8:30-12:00, 3hrs) \_\_\_\_ Full Day (8:30-2:30, 6hrs) Classroom requested: \_\_\_\_\_

Has your child any special problems such as medical, allergies, behavior or otherwise that we should know about:

\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

In case of emergency, whom should we call? (Other than parent or physician)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I understand that my attendance at parent meetings and conferences is an important factor in my child's development within SMS program. I will make every effort to attend. \_\_\_\_\_ (Initial)

Daycare: \_\_\_\_\_ None \_\_\_\_\_ AM Arrival Time \_\_\_\_\_ PM Arrival Time

Please list school that student has attended:

School	Address	Dates Attended
_____	_____	_____

How did you hear of Scripps Montessori?

\_\_\_\_ Google \_\_\_\_\_ SRCA Newsletter \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Referral (name) \_\_\_\_\_

Maternal Grandparents

Paternal Grandparents

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Parents Signature/ Date

9939 Old Grove Road, San Diego California 92131 (858) 566-3632