



Adolescent Montessori Program (AMP) Application and Enrollment Form

*If you are new to this community, please schedule an in-person appointment with our Head of School prior to applying for this program.
Contact Anna Sanor at 406-240-2077.*

Student Name _____ Birthdate _____ Age _____

Parent/Guardian Name(s) _____

Please describe the educational history of this students: _____

1. May MCMS include your contact information in the School Directory? YES NO
2. May MCMS take pictures of your child during the school day for use in newsletters to parents, on a bulletin board, or for other forms of parent communication? YES NO
3. May MCMS publish your child's photos on the school website, or in advertising material?
 - *Note: We do NOT utilize social media in any context for MCMS*

YES NO

YES, but only in the following ways: _____

5. Please initial the following statements and sign below (required):

_____ I give permission for my child to initiate, plan, execute and attend trips that bring my child off the school premises and into communications and partnerships that are outside the school community but have been approved by the Head of School

_____ I release all MCMS staff and Transportation Volunteers from all liability related to injuries or incidents which occur during all trips off the premises.

Consent of Medical Treatment and Care of Minors/Children

I, _____, hereby give permission that my child, _____, may be given emergency treatment including first aid and CPR by a qualified staff member at Missoula Christian Montessori School. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

In consideration for acceptance of my child as a student at Missoula Christian Montessori School, the undersigned agrees to indemnify Missoula Christian Montessori School and its directors and staff against any claims/demands made by or on behalf of:

Student Name: _____

*Parent Signatures: _____

Dated ___/___/___ ___/___/___

Parent Handbook - Statement of Understanding

I certify that I have received a copy of the Missoula Christian Montessori School Parent Handbook, and have read and agree to abide by the rules and policies contained therein. I understand that the statements of policy contained in the Handbook are not a contract. I also understand that the Handbook presents guidelines which may be changed by Missoula Christian Montessori School when circumstances so require. This Handbook supersedes any prior Handbooks issued by Missoula Christian Montessori School

Student Name: _____

Parent Signatures: _____

Dated ___/___/___ ___/___/___

AMP Tuition Contract

Please retain a copy of this legally binding agreement for your records.

This CONTRACT is made and entered into on _____

between MISSOULA CHRISTIAN MONTESSORI SCHOOL, INC. and (PARENTS/GUARDIANS)

_____ of _____ (PUPIL)

Please initial the following points of agreement.

_____ 1. The PARENTS/GUARDIANS hereby agree to pay the SCHOOL the following 10 equal monthly tuition payments of \$725.00

_____ 2. Payment will be made on the first of the month, between the months of SEPTEMBER 2026 and JUNE 2027. Tuition payments received after the 5th of the month will accrue a \$10/day late fee. Checks may be made to *Missoula Christian Montessori School* or *MCMS*. Tuition may be mailed to the school or placed in the tuition box found in the classroom. Tuition payments may not be handed to any staff member other than the Head of School.

_____ 3. The PARENTS/GUARDIANS agree to submit along with this signed form a \$300 tuition deposit for a single pupil, or a \$600 tuition deposit for 2 or more pupils enrolled simultaneously. This deposit will be refunded as credit towards final tuition in June 2027. This deposit is forfeited if dis-enrollment occurs prior to June 1st, 2027.

_____ 4. All funding from outside sources which lowers the tuition cost for the PUPIL, including Best Beginnings, grants, and scholarship awards, shall be dispersed as credit towards tuition, noted on the monthly invoice, in ten (10) equal amounts, and according to the nature of the award.

_____ 6. All PARENTS/GUARDIANS agree to conduct themselves in a professional and courteous manner and to abide by the policies in the Parent Handbook. A positive and constructive relationship between the school, students, and parents or guardians is essential to the fulfillment of our mission. The SCHOOL, therefore, reserves the right to discontinue enrollment or re-enrollment of the PUPIL/S if the SCHOOL determines that the actions of the PARENTS/GUARDIANS interfere with the accomplishment of our educational purposes or otherwise make a constructive relationship impossible, or if the SCHOOL determines that the PUPIL or PUPILS are not amenable to the teaching environment or methods of the SCHOOL

_____ 7. The PARENTS/GUARDIANS agree to reimburse the SCHOOL for any willful damage or destruction of SCHOOL property by the PUPIL/S.

_____ 8. If for any reason, an AMP PUPIL is disenrolled from the school after September 1,, 2026, the PARENTS/GUARDIANS are responsible for paying the remaining balance of accounts payable to the school, including the remainder of tuition due in the last month of the PUPIL attending, in addition to two (2) additional months of tuition. (\$1400.00)

I, the undersigned, have enclosed a tuition deposit and all applicable fees, and understand that all fees are non-refundable, and that I forfeit this deposit if I withdraw my child(ren) from the school prior to June 2027. I have read, initialed, and agree with the terms noted above.

Parent Signatures: _____

Dated ___/___/___ ___/___/___

*Missoula Christian Montessori School is an equal opportunity employer and provider.
In the event that there are more qualified applicants than space available, a non-discriminatory waiting-list will be established on the basis of the order of applications received.*