



Children's Montessori Center

701-232-1133 (main office)
www.fargomontessori.com
brandtcmcenter@aol.com

Registration for the 2018-2019 School Year

Child's Name _____ birthdate ____ - ____ - ____

Parent Name _____

Parent Telephone _____

Parent Address _____

Primary Email _____

Desired location ____ 32nd Ave South ____ 45th St. South ____ Downtown University Ave

____ Infant Room (32nd avenue location only) ____ 2's room (32nd and 45th locations only)

Children's House Room (3,4,5 year olds) ____ Kindergarten (32nd ave location only) ____

____ Full Time 8:30-3:30, 7200/9 months payable in full or divided into 9 payments of 800 (Downtown location 7650/9 months payable in 9 payments of 850).

____ Part Time Part Time spots will be extremely limited, a 4500 dollar minimum payment is required (9 equal payments of 500 dollars).

Tuition payments paid in full for the 9 month school year will receive a 5% discount.

Before and After School Care: Children arriving before 8:30 or staying beyond 3:30 will be charged 4.00 for each total hour. We will track each day and at the end of the month the total will be added to your statement.

School lunches catered by The VIP Room of Fargo. 2.75/lunch. These are billed at the end of the month.

You agree to pay the above charges whether or not the child is in attendance on a particular day or period of time. Please remember, once your child is enrolled that spot is not available to anyone else. We cannot give credit for missed time, vacations, etc. Carefully consider this before committing to Children's Montessori Center.

_____ (parent signature) _____ (date)