

**Cardinal Montessori School**  
**2026-2027 Application**

Grade Applying For (circle one): PK1 PK2 K 1 2 3 4 5 6

FOR OFFICE USE ONLY

Start Date - -

**STUDENT DATA-PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION:**

**STUDENT'S PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Sex: Male ☐ Female ☐ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FATHER'S/GUARDIAN'S NAME:** \_\_\_\_\_ **CELL#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_ (e-mail used for official school communication)

ADDRESS (if different than child's): \_\_\_\_\_ SS# (last 4 digits): \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PLACE of EMPLOYMENT: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_ EMPLOYMENT PHONE: \_\_\_\_\_

**MOTHER'S/GUARDIAN'S NAME:** \_\_\_\_\_ **CELL#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_ (e-mail used for official school communication)

ADDRESS (if different than child's): \_\_\_\_\_ SS# (last 4 digits): \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_ EMPLOYMENT PHONE: \_\_\_\_\_

List any previous child day care programs and schools attended: \_\_\_\_\_

If child attends CMS and another school/program, give name of school/program: \_\_\_\_\_

Grade or Class Level: \_\_\_\_\_

If divorced, who has custody of this child?: \_\_\_\_\_ (Copy of decree or any restrictions must be in child's file)

Are there any other problems that the school should be aware of? Yes ☐ No ☐

CMS USE ONLY: Application Date: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

App. Fee \_\_\_\_\_ Registration Fee/family \_\_\_\_\_

Amount \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_

# CARDINAL MONTESSORI SCHOOL: EMERGENCY MEDICAL AUTHORIZATION FORM

2026-2027

Student's Legal Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ Sex: Male ☐ Female ☐

Student's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's/Guardian's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's/Guardian's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- I/We hereby authorize Cardinal Montessori School to obtain immediate medical care for my/our child in the event of an emergency when I/we cannot be reached promptly.
- I/We consent to hospitalization, the performance of necessary diagnostic tests, and/or the administration of medications deemed necessary for my/our child, as named above.
- It is understood that this authorization applies only to true emergencies and only when I/we cannot be contacted. In all other circumstances, I/we expect to be notified immediately. I/We accept full responsibility for all medical care expenses incurred.
- I/We understand that Cardinal Montessori School will notify me/us if my/our child becomes ill while at school, and I/we agree to make prompt arrangements for my/our child to be picked up.
- I/We agree to notify Cardinal Montessori School within 24 hours, or by the next business day, if my/our child or any immediate household member is diagnosed with a reportable communicable disease, as defined by the State Board of Health. Life-threatening diseases will be reported immediately (Flu, Covid, etc.).

Father's/Guardian's Name (print): \_\_\_\_\_ Mother's/Guardian's Name (print): \_\_\_\_\_

Father's/Guardian's Signature: \_\_\_\_\_ Mother's/Guardian's Signature: \_\_\_\_\_

• Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

• Student's Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

List known allergies or intolerance to food, medication, etc. ***If not applicable, please write N/A.***

\_\_\_\_\_

List any specific actions to be taken in an emergency: \_\_\_\_\_

List any chronic psychological problems, special abilities or developmental delays: \_\_\_\_\_

Name of **three** (3) people authorized to be called in an emergency. I also authorize to pick up my child in my absence or at any time (This is a Virginia State requirement): **NOTE: Names listed may not be the names of parents/guardians. Complete ALL sections.**

**First Person's Full Name**

**Second Person's Full Name**

**Third Person's Full Name**

Home Address

Home Address

Home Address

City, State, and Zip

City, State, and Zip

City, State, and Zip

Phone Relationship

Phone Relationship

Phone Relationship

# CARDINAL MONTESSORI SCHOOL TUITION CONTRACT

2026-2027

Name the primary person who is responsible for tuition/fees payment (print name) \_\_\_\_\_

The school hereby accepts my child, \_\_\_\_\_, for enrollment as a pupil for the 2026-2027 school year. This agreement is entered into between CARDINAL MONTESSORI SCHOOL and

\_\_\_\_\_  
Father's/Guardian's Name (print)

\_\_\_\_\_  
Father's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Guardian's Name (print)

\_\_\_\_\_  
Mother's/Guardian's Signature

\_\_\_\_\_  
Date

## Parents Understand:

1. The Elementary program operates a minimum of **180 school days / 990 instructional hours**.
2. All students attend classes from **8:30 a.m. to 3:30 p.m.** On **Thursdays**, dismissal is at **2:00 p.m.**, with **Study Hall available from 2:00–3:30 p.m.**
3. Children who turn **five (5) years old** during the school year will transition to a full-day schedule on their birthday based on teacher discretion upon review of student readiness.
4. **Cardinal Montessori School (CMS)** is open from **7:00 a.m. to 5:30 p.m.** Parent's/Guardian's are responsible for the payment of the full school year's tuition that they choose.
5. If a student is withdrawn by the parents/guardians for any reason during the school year, **the remaining tuition for the entire school year is due and payable in full.**
6. If a student is asked to withdraw or is dismissed by the school, parents/guardians are responsible for tuition **through the month in which the withdrawal occurs.**
7. All new **Primary and Elementary** students are admitted on a **four-week trial basis**. If a student is asked to withdraw after the completion of the four-week trial period, parents/guardians are responsible for tuition **through the month of withdrawal.**
8. Tuition payments must be made by the designated due date. A **\$50 late fee** will be applied to the account through **Procare** for any payment not received on time.
9. If a tuition payment becomes **forty-five (45) days past due**, the student will be **automatically withdrawn** from the program unless prior written payment arrangements have been made with the School Director. Tuition obligations remain in effect regardless of extended absences, including travel, vacations, or time spent outside the country.
10. Kindergarten and Elementary students must attend a minimum of **990 instructional hours to be eligible for graduation.**

# **CARDINAL MONTESSORI SCHOOL: TUITION PAYMENT OPTIONS & FEES**

**2026-2027**

## **The Annual Tuition and Material Fee for CMS Students:**

Place an X with chosen option	Students	<u>Primary:</u> (3-6 yr. olds)	<u>Lower Elementary</u> (1 <sup>st</sup> -3 <sup>rd</sup> grades)	<u>Upper Elementary</u> (4 <sup>th</sup> -6 <sup>th</sup> grades)
	8:00 AM - 3:45 PM	\$12,050	\$12,250	\$12,865
	7:00 AM - 5:30 PM	\$16,635	\$16,835	\$17,455
	Material Fee	\$200	\$560	\$595
	Outside of Contract (7:00 am--7:59 am, 3:46 pm - 5:30 pm)	\$20/hr.	\$20/hr.	\$20/hr.

## **Installment Payment Options**

1. Tuition may be paid in **two installments**. Parents/Guardians choosing this option will incur a **\$50 setup fee**, which will be added to the first payment.
  - **First payment due:** on or before **August 5, 2026**
  - **Second payment due:** on **January 10, 2027**
2. Tuition may be paid in **ten (10) equal monthly payments**. Parents/Guardians choosing this option will incur a **\$100 setup fee**, which will be added to the first payment.
  - **First payment due:** on or before **August 5, 2026**
  - **2nd (February) to 10th (May) payment due:** on the **10th of each month through May 2027**
3. A **\$50 non-refundable application fee per student** and **\$250 non-refundable registration fee per family per year** are due at the time of application. These fees must be submitted **with the school application and paid by check/Zelle only**.

## **Material and Incidental Fees**

1. A **materials fee** will be charged annually to cover books, workbooks, and additional classroom supplies/materials for the full school year:
  - Primary students: **\$200**
  - Lower Elementary students: **\$560**
  - Upper Elementary students: **\$595**
2. Parents/guardians understand that **incidental expenses** (including, but not limited to, school pictures, field trips, Stanford10 testing fee, special programs, and Fun Food Friday) will be billed and are due **at the time the expense occurs**.

## **Attendance and Scheduling**

1. Children **five (5) years of age and older** attend the **full-day program**, from **8:30 a.m. to 3:45 p.m.**, except on **Thursdays**, when dismissal is at **2:00 p.m.**, with **Study Hall available from 2:00 p.m. to 3:45 p.m.**
2. Students will **NOT be accepted to attend school if their arrival time is past 9 a.m. without a doctor's note**.

## **Additional Policies**

1. If an account is sent to collections, parents/guardians are responsible for **all collection-related fees**.
2. A **\$35 returned check fee** will be assessed for any check that cannot be processed.
3. Students picked up after **5:30 p.m.** will incur a **late pickup fee of \$5 per minute, per student**.

4. If state regulations require changes to student ratios, staffing requirements, or classroom groupings due to **COVID-19 or other regulatory variances**, CMS reserves the right to adjust its hours of operation. **Classroom instructional time will not be reduced and will remain unchanged.**

**PARENTS MUST SELECT A PAYMENT METHOD:**

- ☐ Procure 10-month Payment Plan (\$100 fee)
- ☐ Procure 2 Payment Plan (August & January) (\$50 fee)

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Father's/Guardian's Name (print)

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Father's/Guardian's Signature

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Date

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Mother's/Guardian's Name (print)

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Mother's/Guardian's Signature

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Date

# **CARDINAL MONTESSORI SCHOOL: PHOTO CONSENT & PHOTO RELEASE FORM**

2026-2027

Please review, sign, and return this form to the front desk. This form requires your signature to indicate consent or non-consent for student photography and media use. Thank you for your cooperation.

Throughout the school year, Cardinal Montessori School (CMS) may photograph, videotape, or film school activities. These materials may include images of students and examples of student work. CMS may use these materials for educational and promotional purposes, including—but not limited to—school publications, displays, broadcasts, and the school website.

Please indicate your choice below by signing in the appropriate section.

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## **Photo Consent**

I give permission for my child to be photographed, videotaped, and/or filmed by Cardinal Montessori School. I also grant permission for my child's work to be displayed or featured by CMS, including on the school website.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **No Photo Consent**

I do not give permission for my child to be photographed, videotaped, or filmed by Cardinal Montessori School.  
(*This does not include the school yearbook.*)

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# **CARDINAL MONTESSORI SCHOOL: PARENT CHECK LIST**

2026-2027

## **PARENT CHECK LIST:**

To be considered for admission, this application must be submitted with all required documents, a non-refundable \$50 application fee, and a non-refundable \$250 registration fee per family for new and existing families.

- ☐ **Completed Application**
  - ☐ **Application for Admission (First page)**
  - ☐ **Emergency Medical Authorization**
  - ☐ **Tuition Contract**
- ☐ **Check for \$50 Application fee (All students)**
- ☐ **Check for \$250 Registration Fee per Family (new & existing families)**
- ☐ **Required Signatures from Parent/Guardian (Pages 2, 3, and 5)**
- ☐ **Birth Certificate - (New students -state requirement) office staff will make a copy**
- ☐ **Current Immunization Record (State requirement) by the 1<sup>st</sup> day of school, No Exceptions.**
- ☐ **Commonwealth of Virginia School Entrance Health Form and Physical. All students (Form required before first day of attendance)**
- ☐ **Copy of Custody decree (If applicable)**
- ☐ **Current Standardized Test scores (If applicable) or School Records (If applicable)**
- ☐ **Photo Consent Release Form**