



Upward Bound Montessori School

Awakening the possibilities of your child's future

201 West Bagdad Avenue | Round Rock, Texas 78664
512.218-4644 | admin@ubmontessori.com

Pre-Admission Form

Student's Name _____ Today's Date _____

Date of Birth _____ Gender _____

18months to 3 years old program 3 to 6 years old program

5 Full day 5 Half day 3 Full day 3 Half day (Specify days: _____)

Parent 1 (or Guardian's) Name _____

Address _____

(Street) (City) (Zip)

Telephone _____ Cell Phone _____ Email _____

Company Name _____ Position _____

Business Address _____ Telephone _____

Parent 2 (or Guardian's) Name _____

Address _____

(Street) (City) (Zip)

Telephone _____ Cell Phone _____ Email _____

Company Name _____ Position _____

Business Address _____ Telephone _____

Child's Physician _____ Address _____ Phone _____

Child's Dentist _____ Address _____ Phone _____

Do we have a permission to contact your child's physician or dentist if necessary? _____

Do we have permission to provide emergency care through a clinic, hospital, private doctor, or private dentist if necessary? _____

Persons, other than the parents, to contact in the event of illness or emergency

1. _____ Telephone _____

2. _____ Telephone _____

Persons, other than the parents, by whom child may be picked up

1. _____ Telephone _____

2. _____ Telephone _____

_____ please check here if you **DO NOT** want us to print names, addresses, and telephone numbers in the school directory.

Specify the information to be printed _____

Parent's Signature _____

PARENT QUESTIONNAIRE

Why do you wish to send your child to Upward Bound Montessori School? _____

Do you know other children who have attended this school? _____
Position of child in family _____ Names and ages of Siblings (if applicable) _____
If your child has any list of allergies and/or sensitivities, please list _____
For the 3-6year old program – Is your child potty-trained? ____yes ____ no ____ partially
If the child or family has experienced any special challenges or circumstances that may affect the child’s school experience,
please describe them or request a conference with the school’s director to discuss. _____

RECORD OF PREVIOUS SCHOOLING

Age	Year Attended	School and City	Level

____ I grant permission for release of pertinent information regarding my child’s previous schooling to Upward Bound Montessori School.

GENERAL INFORMATION

The Upward Bound Montessori School does not discriminate in enrollment on the basis of race, national origin, or religion. We do not screen children through testing. Our students come from a broad section of background, lifestyles, and economic levels. We are committed to serving children whose parents support our values and philosophy.

FEES

ENROLLMENT FEE –A one-time, non-refundable \$150 fee is due upon enrollment acceptance.

ANNUAL MATERIALS FEE – \$150 to be paid upon enrollment acceptance and annually thereafter on child’s enrollment anniversary date.

TUITION – The Tuition and Fee Schedule for rates can be found on our website at www.ubmontessori.com

**Discounts are available for parents enrolling more than 1 child and if paying yearly tuition in lumpsum.*

This document constitutes an application for pre-admission. This document in no way binds or obligates Upward Bound Montessori School to accept the student for whom the pre-admission is made. The selection of applicants (and continuation of any student) shall be the sole and absolute discretion of Upward Bound Montessori School. Admission to the school and placement of the students in the classes, will be made through careful consideration of the needs of the individual child and the composition of the classes.

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