



ST. MAARTEN MONTESSORI FOUNDATION

Dear Parents,

We are pleased that your child will be continuing their education at the St. Maarten Montessori Foundation for the upcoming school year 2024/2025. Enclosed you will find the following documents necessary for re-enrollment on **Monday, March 25, 2024.**

August 2024 – June 2025

All forms received must be submitted for your re-enrollment application to be completed.

- Invoice
- Application for Admission
- Emergency and Health Information (*please attach a copy of your child's updated Immunization card*)
- Pick-Up Authorization
- Tuition Contract
- Photograph Permission Form
- Permission Form for Swimming Program
- Uniform Information
- Nagico Student Coverage Form or a copy of a valid Health Insurance Policy.

On Monday, March 25, 2024, the tuition contract, material fees, and first and last month's tuition must be submitted as well as your credit card authorization form, or a WIB standing order. For safety purposes.

Payments can be made via bank transfer to our WIB Account #80382306.

We look forward to sharing many wonderful experiences with you and your child.

If you have any further questions or concerns, please do not hesitate to contact the school at montessorisxm@gmail.com.

Sincerely,

Shelly Jack
Principal

Gillian Grannum
Vice Principal



ST. MAARTEN MONTESSORI FOUNDATION

APPLICATION FOR ADMISSION

Academic Year 2024 / 2025

Date of Application: _____ Start Date: _____

Child's Name: _____ Male Female
last first middle

Date of Birth: _____ / _____ / _____ Age as of December 31: _____
month day year

Home Address: _____ Home Phone: _____
_____ Teacher: _____

Program: Primary 3 yrs – 6 yrs Lower Elementary – Grades 1, 2 & 3

(Age as of December 31st qualifies cutoff date to enter class level)

Able to read: Yes No

What languages does your child speak? _____

Rate your child's understanding of the English language (check one)

Excellent Very good Some understanding None at all

Has your child attended school before? Yes No

Name and location of school: _____

What was the nature of the school? Montessori Traditional Other _____

Please indicate which language class your child will be participating in: Dutch French

Parent Information

Mother's Name: _____

Father's Name: _____

Profession: _____

Profession: _____

Name of Business: _____

Name of Business: _____

Work Phone: _____

Work Phone: _____

Cell: _____

Cell: _____

Email: _____

Email: _____



ST. MAARTEN MONTESSORI FOUNDATION

EMERGENCY AND HEALTH INFORMATION
2024 / 2025 Academic Year

Child's name: _____
Last First Middle

Date of Birth: _____ / _____ / _____
Month Day Year

Name of Insurance Co. _____ Policy Number: _____

All students must be insured for the duration of the school year

Family Physician

Dentist

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Emergency Contact Person: In case of an emergency during school hours please call:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Do we have permission to call an ambulance for your child in an emergency? YES NO

GENERAL HEALTH INFORMATION

Does your child have any serious medical conditions or allergies? _____
(Specify)

What medication does your child take on a regular basis? _____
(Specify)

Is your child allergic to any other substances? _____
(Specify)

Susceptible to ear infections? Yes No

Hearing difficulty? Yes No

Any vision difficulty? Yes No

Wears glasses? Yes No

Any allergies? Yes No

History of asthma? Yes No

MEDICAL HISTORY

Please attach a recent copy of your child's immunization certificate. (This is important)

Tigris Road #4, Cupecoy, St. Maarten
Phone: 1-721-545-3871 ext. 44

Email: montessorisxm@gmail.com Website: www.stmaartenmontessorischool.com



ST. MAARTEN MONTESSORI FOUNDATION

Pick-Up Authorization
2024 / 2025 Academic Year

Please list below all persons, other than the parent or guardian, who are authorized to pick your child up from school.

Children will not be allowed to leave school with any unauthorized person without a written permission note signed by the parent.

Student Name: _____

Teacher: _____

The following person/persons are authorized to pick my child up from school.

1. Name: _____ *Phone:* _____

2. Name: _____ *Phone:* _____

3. Name: _____ *Phone:* _____

4. Name: _____ *Phone:* _____

I understand that if there is any change in authorization, whether permanent or temporary, the school must be notified by a written authorization letter signed by the parent or guardian.

Parent / Guardian Name: (Please print) _____

Authorized Signature: _____

Date: _____



ST. MAARTEN MONTESSORI FOUNDATION

**Tuition and Facility Fees Agreement
The Academic Year 2024-2025**

(Page 1 of 2)

THIS AGREEMENT is entered into by and between St. Maarten Montessori Foundation and the parent or guardian, hereinafter referred to as the parent “guardian”, whose signature appears below.

The parties hereto accept the following terms and conditions governing the child’s enrollment at the school.

1. The parent agrees to enroll his or her son/daughter/protégé _____ in the _____ class for the 2024-2025 school year. **(Name of student)**
2. The parent agrees to pay the tuition, enrollment fee, and all fees for the grade in which his or her child/protégé is to be enrolled in accordance with the announced rates.
3. Upon signing of this Agreement, the parent agrees to pay the school a **Registration and Material Fee, plus a deposit equal to two months’ tuition** that will be applied to the total annual tuition. This fee is **non-refundable** unless the child is denied enrollment for the 2024-2025 school year.
4. The parent understands and agrees that the child is enrolled for the entire school year and the parent is liable for the entire school year’s tuition and fees upon signing this Agreement.
5. The parent further agrees that the withdrawal or dismissal for any reason of the child after the execution of this Agreement **does not relieve** the parent of the responsibility for payment of the entire year’s tuition and fees.
6. The parent agrees to pay tuition in accordance with the payment plan chosen as laid out in the fee schedule for the 2024-2025 school year. Failure to pay tuition by the due dates (1st of each month from September through May) will result in a late fee charge of \$ 25.00, after the due date for the account of the parent.
7. The fact that the School allows tuition to be paid in two or more installments does not create a fractional contract or in any way relieves the parent of the responsibility for the entire year’s tuition and fees.
8. The parent agrees that if tuition and fees are not made in accordance with this Agreement, the School shall have the right to refuse to admit the child to class. The parent also agrees that the School shall have the right to withhold the report card until all tuition and fees have been paid. The School also reserves the right to refuse re-enrollment for the following academic year if the previous school year’s fees have not been paid in full.
9. This Tuition and Fee Agreement is not binding until executed by the School and is for the period of one year only. This Agreement is further conditioned upon the child finishing the current year in good standing.

It is the preference how to pay school tuition and fees as indicated by the following payment plan. The method of payment may be changed during the course of the school year.

Tuition and Facility Fees Agreement

**Tigris Road #4, Cupecoy, St. Maarten
Phone: 1-721-545-3871 ext. 44**

Email: montessorisxm@gmail.com Website: www.stmaartenmontessorischool.com



ST. MAARTEN MONTESSORI FOUNDATION

Academic Year 2024-2025

(Page 2 of 2)

Annually

- Credit Card
- Direct Deposit

Bi-Annually

- 2 post-dated business checks
- 2 credit card charges

Quarterly

- 3 post-dated business checks
- 3 credit card charges

11-Months

- 9 Direct Deposit
- 9 credit card charges

International payment/French Side

- Wire transfer with signed credit card guarantee authorization signed form.

Local Banks

- Windward Islands Bank signed a standing order form for monthly direct deposit
- 9 Credit Card Payments

Dated this _____ day of _____ 2024 – 2025

St. Maarten Montessori Foundation

Signature of Parent(s) or Guardian(s)



ST. MAARTEN MONTESSORI FOUNDATION

Fee Schedule

August 2024 - June 2025

Primary Program – Ages: 3 years to 6 years

Time: 8:00 am to 2:00 pm

Registration: \$100.00 (for new students only)

Annual Material Fee: \$450.00

Annual Tuition Fee: \$10,780.00 (11 payments of \$980.00)

Lower Elementary Program – Grades 1, 2 and 3

Time: 8:30 am to 2:30 pm

Registration: \$100.00 (for new students only)

Annual Material Fee: \$550.00

Annual Tuition Fee: \$11,605.00 (11 payments of \$1,055.00)

Aftercare

2:15 pm to 4:00 pm \$150.00 per month

Sibling Discount

2nd sibling will receive a \$50.00 discount per month

3rd sibling will receive a \$25.00 discount per month

Bus Service

Bus Service is not included in tuition fees. Bus payments must be paid directly to the bus company.

Tigris Road #4, Cupecoy, St. Maarten

Phone: 1-721-545-3871 ext. 44

Email: montessorixm@gmail.com Website: www.stmaartenmontessorischool.com



ST. MAARTEN MONTESSORI FOUNDATION

Payment Plan Options

Annual Payment Plan

First Payment due at Registration:

Material, Registration, and Tuition deposit to guarantee placement in the program.

Second Payment is due August 1, 2024

Balance of annual tuition.

Quarterly Payment Plan

First Payment due at Registration:

Material, Registration, and Tuition deposit to guarantee placement in the program.

The second Payment is due September 1, 2024

The third Payment is due December 1, 2024

The fourth Payment is due March 1, 2025

***Standing Orders for Direct Deposits and Credit Card Authorization Forms must be submitted upon Registration.**

Monthly Payment Plan

First Payment due at registration:

Material, Registration, and Tuition deposit to guarantee placement in the program.

Nine checks are made out from September 1, 2024, through May 1, 2025

Monthly payments will only be accepted by direct deposits or credit card authorization forms.

***Tuition is a non-negotiable annual fee.
Parents are required to sign a Tuition / Fees
Agreement upon enrollment and are responsible for
The full year's tuition
School fees are non-refundable.***

Tigris Road #4, Cupecoy, St. Maarten

Phone: 1-721-545-3871 ext. 44

Email: montessorixm@gmail.com Website: www.stmaartenmontessorischool.com



ST. MAARTEN MONTESSORI FOUNDATION

Uniform Policy

The St. Maarten Montessori Foundation requires that all students dress professionally while on school grounds or attending school functions. Students must purchase the required St. Maarten Montessori uniform from Lands' End, website at www.landsend.com/school, school code **900137381** or 0-14 Kids, located on AJC Browers Road #1, Philipsburg, phone number 1-721-543-7480 (next to Shop 4 Less).

Primary Program Uniform (ages: 3 – 6)

Montessori Polo Shirt (White, Red, or Blue)
Classic Navy or Khaki Pants (long or short)
Classic Navy or Khaki Skirt or Skort
Sneakers or Whole Shoes and Socks

Lower Elementary Uniform

Montessori Polo Shirt (White, Red, or Blue)
Classic Navy or Khaki Pants (long or short)
Classic Navy or Khaki Skirt or Skort
Sneakers or Whole Shoes and Socks

Upper Elementary Uniform

Montessori Polo Shirt (White, Red, or Blue)
Classic Navy or Khaki Pants (long or short)
Classic Navy or Khaki Skirt or Skort
Sneakers or Whole Shoes and Socks

Gym wear for All Students

Montessori T-Shirt (White, Red, or Blue)
Navy or Black Athletic Pants or Sports Shorts
Sneakers and Socks

Boys and Girls Swimsuits

Navy one-piece swimsuit for girls
Navy swim trunks for boys

If you have any questions about our uniform policy, please contact us at montessorisxm@gmail.com.

Tigris Road #4, Cupecoy, St. Maarten
Phone: 1-721-545-3871 ext. 44

Email: montessorisxm@gmail.com Website: www.stmaartenmontessorischool.com



ST. MAARTEN MONTESSORI FOUNDATION

NAGICO PERSONAL ACCIDENT COVERAGE

DATE: _____

POLICY NR.#PA776/98

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

MALE/FEMALE: _____

NATIONALITY: _____

GRADE: _____

PARENTS / GUARDIAN NAME: _____

CONTACT NUMBER: _____

PERIOD OF
COVERAGE: FROM _____ TO _____

DATE FAXED: _____

Please attach a copy of the child's identification (Passport etc.) and \$25.00 cash

Sun Insurance Tel.: 1-721-542-9324

Fax: 1-721-542-9325

Nagico Tel: 1-721-542-2739 / 1-721-542-2758

Fax: 1-721- 542-4471 / 1-721- 542-4309

Tigris Road #4, Cupecoy, St. Maarten

Phone: 1-721-545-3871 ext. 44

Email: montessorixm@gmail.com Website: www.stmaartenmontessorischool.com



ST. MAARTEN MONTESSORI FOUNDATION

BANK INFORMATION

Payment in **USD** should be sent to:

Correspondent bank: Standard Chartered bank
One Madison Avenue
New York City, N.Y. 10010-3603
U.S.A.
SWIFT BIC. SCBLUS33

Beneficiary Bank: The Windward Islands Bank LTD
C.A. Cannegieter Street
Philipsburg
St. Maarten

BIC/SWIFTT CODE: WISBSXSMXXX

St. Maarten Montessori Foundation:
Windward Islands Bank USD account # 80382306

***PLEASE NOTE THAT FEES CAN ALSO BE DEPOSITED DIRECTLY TO:
WINDWARD ISLANDS BANK***

St. Maarten Montessori Foundation
ACCOUNT # 80382306

Tigris Road #4, Cupecoy, St. Maarten
Phone: 1-721-545-3871 ext. 44

Email: montessorisxm@gmail.com Website: www.stmaartenmontessorischool.com



ST. MAARTEN MONTESSORI FOUNDATION

Authorization Code:

Date: _____

Ref: Agreement to Debit/Credit Card

This agreement is between the St. Maarten Montessori Foundation and

Mr. / Mrs. _____ for the authorization for St. Maarten
Montessori Foundation to debit Mr. / Mrs. _____

Master/Visa card no. _____, Exp. _____

for (Name of Student) _____

- School year tuition **2024-2025**, Plus bank charges for the total amount of USD _____
- Tuition for the month (s) _____ Plus bank charges for the total amount of USD _____
- Tuition Monthly charges of USD _____ Plus bank charges from September 2024 to May 2025

GRAND TOTAL AMOUNT USD TO BE CHARGED: _____

Parent Signature

St. Maarten Montessori Foundation

Tigris Road #4, Cupecoy, St. Maarten
Phone: 1-721-545-3871 ext. 44

Email: montessorisxm@gmail.com Website: www.stmaartenmontessorischool.com



ST. MAARTEN MONTESSORI FOUNDATION

Dear Parents,

2024/2025 Permission Form

This is a permission form to photograph your child in the school setting. There may be times when projects or activities will also be videotaped. These pictures will only be used on the school's Facebook page and/or Website for school purposes.

Please fill out the permission slip below and return it to the school.

Thank you for your assistance.

Sincerely,

Shelly Jack
Principal

Gillian Grannum
Vice Principal

.....
Student Name _____

Parent Name _____

I give permission to the St. Maarten Montessori Foundation and its teachers to photograph or videotape my child during school activities. I understand that these photos may be used on the school's Facebook Page and Website.

I do not want my child photographed or videotaped at any time.

Parent Signature

Date



ST. MAARTEN MONTESSORI FOUNDATION

Dear Parents,

Permission Form for Swimming Program

Our school offers a supervised swimming program as part of our curriculum. For a student to participate in our swimming program, the student must have some experience in a 14-foot or 4-meter pool.

Please complete the permission slip below and return to school by **Monday, August 7, 2023.**

Thank you for your assistance.

Sincerely,

Shelly Jack
Principal

Gillian Grannum
Vice Principal

.....
Student Name: _____

Student Age: _____ Student Grade: _____

Has your child taken swimming lessons? Yes No

Level: No swimming Experience Beginner Intermediate Advance

Does your child have a medical condition or take medication that would be relevant to swimming?

Yes No If yes, please specify:

Parent Name _____

I give permission to the St. Maarten Montessori Foundation for my child to participate in the swim classes.

I do not give permission to the St. Maarten Montessori Foundation for my child to participate in the swim class. Reason why? _____

Parent Signature

Date