



**Serving Children 3 months - 2 years old**  
 4500 Rustic Dr. Madison, WI, 53718  
 info@toad-hill.com (608) 658-4377



**Serving Children 2 - 12 years old**  
 4560 Rustic Dr. Madison, WI, 53718  
 info@bloominggrovemontessori.com (608) 658-9121



**Serving Children 2 - 6 years old**  
 4418 Milwaukee St. Madison, WI, 53714  
 info@toad-hill.com (608) 217-9533

## 2024-2025 School Year Application

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Preferred start date: \_\_\_\_\_

Parent and Guardian Information:

First Name Last Name	First Name Last Name
Home Address	Home Address
City, State, Zip	City, State, Zip
Best number to call during our programs Work Phone	Best number to call during our programs Work Phone
Email Address	Email Address

**Please submit a voided check or the ACH Withdrawal Form to enroll in our ACH payment system and process the following Fees:**

<input type="checkbox"/> <b>One time \$100 Application Fee</b> <small>(non-refundable)</small>	<input type="checkbox"/> <b>\$300 School Year Material Fee</b> <small>(annual fee paid with September tuition)</small>
<input type="checkbox"/> <b>One-time \$500 Deposit</b> <small>(non-refundable)</small>	<input type="checkbox"/> <b>\$50 Summer Material Fee</b> <small>(annual fee paid with June tuition)</small>

**ACH Payment Authorization:** \_\_\_\_\_ Initials Parent 1 \_\_\_\_\_ Initials Parent 2

**Please submit a voided check with this form or complete the attached ACH Withdrawal Form. The one time Application Fee and enrollment information will be processed upon receiving this application along with a voided check. You will be notified by email when space becomes available, and the \$500 Deposit will be processed at that time to hold your child's place. Tuition is calculated monthly and is based on our School Year and Summer Program calendars which closely follow the Madison Metropolitan School District calendar; including the observed MMSD holidays, in-service days, and other school closings. Tuition payments are made through our ACH payment system and are scheduled for the last business day of each month. Material Fees are paid annually along with the September and June tuition payments at the start of each program. A 10% multiple child discount will be applied to the lower tuition. For all children enrolled there is a six week probationary period. Please refer to the Parent Policy Handbook for details.**

**Please Mark Your Desired Program**

**5 Day Program Monday through Friday  
(Available at all locations)**

Tuition is based on your child's age on September 4, 2024	Nido 3-24 months	Toddler 18-36 months	Primary 3-6 Years	Elementary 6-12 Years
Half Day Program 12:30 Pick-up <small>(Available only at our Toad Hill Children's House location.)</small>			<input type="checkbox"/> **\$9,628.00 School Year \$1,045.00 Monthly	
School Day Program 3:00 Pick-up	<input type="checkbox"/> **\$15,433.00 School Year \$1,675.00 Monthly	<input type="checkbox"/> **\$14,465.00 School Year \$1,570.00 Monthly	<input type="checkbox"/> **\$13,498.00 School Year \$1,465.00 Monthly	<input type="checkbox"/> **\$12,532.00 School Year \$1,360.00 Monthly
After School Program 5:00 Pick-up	<input type="checkbox"/> **\$18,338.00 School Year \$1,990.00 Monthly	<input type="checkbox"/> **\$17,370.00 School Year \$1,885.00 Monthly	<input type="checkbox"/> **\$16,403.00 School Year \$1,780.00 Monthly	<input type="checkbox"/> **\$15,435.00 School Year \$1,675.00 Monthly

\*\*Tuition may be paid annually in full for a 3% discount (displayed amount includes 3% discount).

**4 Day Program Monday through Thursday  
(Only offered at Toad Hill Children's House and Toad Hill Toddler House - Only M-R)**

Tuition is based on your child's age on September 4, 2024	Nido 3-24 months <small>Toad Hill Toddler House</small>	Toddler 18-36 months <small>Toad Hill Toddler House</small>	Primary 3-6 Years <small>Toad Hill Children's House Only</small>
School Day Program 3:00 Pick-up	<input type="checkbox"/> **\$13,500.00 School Year \$1,465.00 Monthly	<input type="checkbox"/> **\$12,532.00 School Year \$1,360.00 Monthly	<input type="checkbox"/> **\$11,565.00 School Year \$1,255.00 Monthly
After School Program 5:00 Pick-up	<input type="checkbox"/> **\$16,403.00 School Year \$1,780.00 Monthly	<input type="checkbox"/> **\$15,435.00 School Year \$1,675.00 Monthly	<input type="checkbox"/> **\$14,468.00 School Year \$1,570.00 Monthly

\*\*Tuition may be paid annually in full for a 3% discount (displayed amount includes 3% discount).

Please tell us in full about *any* medical/health, and/or developmental or behavioral conditions, including speech, occupational therapy, or the like, past or present and any other pertinent information that might aid in the enhancement of your child's school experience. Use a separate sheet as necessary. We strive to care for children with various needs, and need your full input to succeed.

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Please list any allergies, current medication(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (ie. EpiPen, bee sting kit, or inhaler etc), you must supply medication labeled with the child's name and detailed instructions on our Permission to Administer Medication form to the office prior to your child's attendance. Kits are returned if unused.

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**Permission and Liability Waivers**

My Child, has permission to fully participate in all activities while in the care of Toad Hill Montessori, Inc. staff. I, as parent/legal guardian, do hereby grant the Toad Hill Montessori, Inc. staff and designated adults the right to authorize emergency medical treatment for my child in the event that I nor my designated representatives cannot be reached. I agree to hold harmless Toad Hill Montessori, Inc and its agents from liability resulting from an accident. I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. -These steps may include, but are not limited to, the following:

1. In a life threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents.
2. For a non-life-threatening emergency or urgent situation, staff will attempt to call the parent/guardian first and if a parent/guardian cannot be reached, staff will contact the Emergency Contact listed on the Emergency Information form. If staff cannot make an appropriate contact, staff will call paramedics or the child's health care provider.

I understand that Toad Hill Montessori and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drugs or medication without specific written and signed instructions from the health care provider and/or the child's parent/guardian.

Your child's enrollment constitutes your agreement to this waiver. I understand that all emergency information on the Emergency Form must be completed before my child may attend. I have read and understand all policy and procedural information, including discipline, health, payment, and termination policies. (Available at [www.bloominggrovemontessori.com](http://www.bloominggrovemontessori.com) and [www.toad-hill.com](http://www.toad-hill.com))

I authorize Toad Hill Montessori, Inc. to use a photographs or other image of my child for publication in school newsletters or for public relations purposes connected to this program and future programs associated with Toad Hill Montessori, Inc. I understand that my child's name will not be published with an image, without written permission. (Optional)

I authorize Toad Hill Montessori, Inc. and the Parent Advisory Committee (PAC) to share my name and email, as well as my child's name and classroom with their classroom community. I understand that this information could be used to extend an invitation to my child to participate in extracurricular activities. (Optional).

\_\_\_\_\_  
**Signature parent/guardian 1                      Date**

\_\_\_\_\_  
**Signature parent/guardian 2                      Date**

\_\_\_\_\_  
**Print name of parent/guardian 1                      Date**

\_\_\_\_\_  
**Print name of parent/guardian 2                      Date**



Toad Hill, Inc. ACH Withdrawal Agreement Form

Authorization Agreement

I hereby authorize Toad Hill, Inc. to initiate ACH withdrawals from my account at the financial institution named below. Withdrawals will be made at the agreed tuition rate on a monthly basis, or at time intervals otherwise agreed upon between myself and Toad Hill, Inc. Payments returned for any reason will be subject to a \$35 late payment fee and the payment will be rerun. This agreement will remain in effect until Toad Hill, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new ACH withdrawal form to the administration.

Account Holder Name: \_\_\_\_\_ Student Name(s): \_\_\_\_\_

My child attends:

Toad Hill Children's House     Toad Hill Toddler House     Blooming Grove Montessori

Account Information

Name of Financial Institution:

Routing Number:	
Account Number:	

Account Type:

Checking                       Savings

Print Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Date