



Rainbow Montessori School 2025-2026 Registration Information

Schedule

Monday - Fridays 9:00 am -12:45 pm

Daily sessions include snack and lunch times. Families provide snack, water bottle and lunch.

Tuition

Tuition fees listed below are monthly rates and due on the 1st day of each month. A non-refundable enrollment fee of \$200 is due at registration and covers insurance and administrative costs. There are no additional supply fees.

- (2) Days Tuesday/Thursdays - **\$350**
- (3) Days Monday, Wednesday, Fridays - **\$475**
(Includes outdoor Classroom Days)
- (5) Days Monday-Friday - **\$600**
(Includes outdoor Classroom Days)

Outdoor Classroom Days

Our class uses nature-based Montessori inspired materials in a fully outdoor classroom once a week from **September - December** and **March - May**. Children will have the opportunity to connect with nature, walk the trails, learn about habitats, animals, seasonal changes, plants, insects, soil and rocks through observation, direct contact with the environment and guided lessons.

Outdoor Classroom Days meet every **Monday** at **Claymont Society for Continuous Education**

(Keep this information sheet for your records. Complete and return the following forms)



Student Registration Form

My child _____ will attend Rainbow Montessori School for the 2025-2026 school year. I have included the non-refundable enrollment fee of \$200 for insurance and administrative fees.

Schedule - Please mark your preference

Morning sessions

_____ 5 days- Monday - Friday (includes outdoor classroom days on Mondays)
9:00-12:45

_____ 3 days- Monday, Wednesday, Friday (includes outdoor classroom days
on Mondays)
9:00-12:45

_____ 2 days- Tuesday and Thursday
9:00-12:45

Please return completed registration forms along with the enrollment fee to:

Rainbow Montessori School

221 East Washington Street
Charles Town WV 25414
304-881-0823

Student Information Form

Student/Parent Information

Student's Name: _____

Student's Birthdate: _____

Parent/Guardian Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardians Phone Number(s): _____

Parent/Guardian Email Addresses: _____

Student Medical Information

Please provide vaccination records by September 1. Digital copies can be emailed to rainbowmschool@gmail.com

Student's Physician's Name: _____

Physician's Phone number: _____

Physician's Address: _____

Please list any allergies, medical conditions, special needs, emotional or physical sensitivities or illnesses

Emergency Contact Information (Only contacted in the event a parent/guardian cannot be reached)

Contact Name and relationship to student: _____

Phone number _____

Address _____

In case of emergency, I hereby give permission for my child, _____ to receive appropriate medical treatment if I cannot be reached. I give permission for my child to be transported in case of emergency.

Signed: _____ Date _____

(Legal Parent/Guardian)

