

# Montessori In Motion

## Application Form 2019/20

**I would like to sign my child up for the program(s) indicated at Montessori in Motion for the 2019/20 school year. I have enclosed a non-refundable \$75 application fee, and a tuition deposit of \$400 which will be applied to the last tuition payment installment. Please mark an X in the box below to indicate your preferred schedule.**

Hours	5 days	4 days	3 days
9:00 – 1:00			
9:00 – 3:00			
9:00 – 6:00			
7:30 – 6:00			

Desired Days: \_\_\_\_\_ Ladybug/Toddler Class \_\_\_\_\_ Butterfly/Primary Class \_\_\_\_\_

Fall (Sept. 3rd, 2019) \_\_\_\_\_ Winter (Jan. 6, 2020) \_\_\_\_\_

If we are unable to accommodate your child for the schedule/term that you have requested would you like to remain on the wait list until we have space available? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

I wish to pay tuition in: \_\_\_\_\_ 10 monthly installments (Sept – June) \_\_\_\_\_ 1 Installment (Due Sept. 1)

I understand that there is a \$350 materials and technology fee that will be charged in the beginning of the school year. Students enrolling mid-year will be expected to be enrolled for the following school year. The first month's tuition is due on September 1st. We do not prorate for school closure, holidays, winter break, etc.

\_\_\_\_\_  
Parent Signature Printed Name Date

\_\_\_\_\_  
Parent Signature Printed Name Date

**Parent Information:**

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

**Child Information**

Has your child attended childcare outside of the home? Y \_\_\_\_\_ N \_\_\_\_\_

Daycare \_\_\_\_\_ Preschool \_\_\_\_\_

Does your child nap? Y \_\_\_\_\_ N \_\_\_\_\_

What does your child use for comfort while napping? \_\_\_\_\_

Has your child napped away from home/parents before? Y \_\_\_\_\_ N \_\_\_\_\_

Does your child have allergies, if so, please describe \_\_\_\_\_

\_\_\_\_\_

Are the allergies life threatening? \_\_\_\_\_

What are the symptoms? \_\_\_\_\_

Does your child have any dietary restrictions? \_\_\_\_\_

Is your child potty trained? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, do they use a diaper at nap? Y \_\_\_\_\_ N \_\_\_\_\_

Please provide a brief description of your child (i.e. temperament, fears, likes/dislikes, behavior when upset), and any information that you think would be helpful for us to know about your child.

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**For Office Use Only:**

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

Deposit received: \_\_\_\_\_ Check #: \_\_\_\_\_

Tuition Rate: \_\_\_\_\_

Registration Packet Provided: \_\_\_\_\_