

# Montessori In Motion

## Application Form 2020/2021

**I would like to sign my child up for the program(s) indicated at Montessori in Motion for the 2020/21 school year. I have enclosed a non-refundable \$75 application fee, and a tuition deposit of \$500 which will be applied to the last tuition payment installment. (Fall enrollees only) 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: \_\_\_\_\_ Caterpillar/Toddler Class \_\_\_\_\_ Butterfly/Primary Class \_\_\_\_\_

If you are signing your child up for 7:30-6:00 please indicate what time you will be dropping your child off (for staffing purposes): \_\_\_\_\_ between 7:30-8:00 AM \_\_\_\_\_ between 8:00-8:30 AM \_\_\_\_\_ between 8:30-9:00 AM

Session: Fall (Sept. 2020) \_\_\_\_\_ Winter (Jan. 2021) \_\_\_\_\_

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: \_\_\_\_\_