

Montessori In Motion

Application Form 2021/2022

I would like to sign my child up for the program(s) indicated at Montessori in Motion for the 2021/22 school year. I have enclosed a non-refundable \$75 application fee, and a tuition deposit of \$500 which will be applied to the 10th tuition payment installment (fall enrollees only). Please mark an X to indicate your preferred schedule (all schedules are 5 days/wk.)

Schedule:

_____ 9:00AM – 3:00 PM

_____ 9:15AM – 3:15PM

_____ 8:30AM – 4:30PM

Class: Pre-Primary (2-3yrs.) _____

Primary (3-6yrs.) _____

Start Date: _____

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: _____

There is a non-refundable \$350 materials and technology fee that will be charged in the beginning of the school year. All monies received are considered tuition. **Students enrolling mid-year will be required to be enrolled for the following school year.** Tuition is charged in 10 monthly installments. The first tuition installment is due on September 1st. We do not prorate for any school closure, holidays, winter break, etc. We charge 50% of monthly tuition for school closures lasting 30 days or more, in the event of a pandemic, disaster, etc. If you chose to withdraw your child before the end of the school year, there is a \$500 fee and we require a 60 day written notice on the first of the month. Prices, dates, and schedules are subject to change.

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.

For Office Use Only:

Date received: _____

Deposit received: _____ Check #: _____

Tuition Rate: _____

Registration Packet Provided: _____