Montessori In Motion Application Form 2024/2025

I would like to sign my child up for the program(s) indicated at Montessori in Motion for the 2024/25 school year. **Please** included a non-refundable *\$100 APPLICATION FEE payable to venmo@montessoriinmotion. Please mark an X to indicate your preferred schedule.

Schedule (5 days/wk.):	9:00AM – 3:00 PM		8:30AM – 4:30PM		
Class:	Pre-Primary (2-3yrs.)_		Primary (3-6yrs.) _		
Start Date: _					
	accommodate your child for the have space available?			ested, would you like to remain on lo	
Child's Name: _			Age:		
Birth Date:			Gend	der:	
Parent Signature		Printed Name		Date	
Parent Signature		Printed Name		Date	
Parent Informat	ion:				
Parent Name:			Parent Name:		
Address:			Address:		
City/Zip:			City/Zip:		
Cell Phone:			Cell Phone:		
Work Phone:			Work Phone:		
Email:			Email:		

^{*}Once we receive the completed application and application fee, you will be sent an invoice via **Brightwheel** for a non-refundable deposit, in the order of one tuition payment that will be applied to your first tuition installment for the 2024-25 school year, to hold your child's spot. 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 installments. We do not prorate for any school closure, holidays, winter break, etc. We charge 50% of one tuition installment for school closures lasting 30 days or more, in the event of a pandemic, disaster, etc. If you choose 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.

^{*}A service fee of 2.9% will be charged on all payment credit card transactions, and .60 ON all ACH payments made through **Brightwheel**. Service fees are non-refundable.

Child's Name:	Birth Date	e:	
Child Information			
Has your child attended childcare outside	of the home?	Y	N
Name of current school			
How did you hear about us?			
If from a current or former MIM family plec	ise let us know whon	n we can than	k
Does your child nap? Y	N		
What does your child use for comfort while	e napping?		
Has your child napped away from home/	oarents before? Y	′	N
Does your child have allergies, if so, please	e describe		
Are the allergies life threatening?			
What are the symptoms?			
Does your child have any dietary restrictio	ns?		
ls your child potty trained? Y	_ N	_	
If yes, do they use a diaper at nap? Y	N		
Please provide a brief description of your oupset), and any information that you think	•		