



1230 E Guadalupe Rd. Tempe, AZ, 85283

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Phone: (602) 320-1178

Application Form for Admission 2021 - 2022

Your child's Original Birth Certificate; Current Immunization Record Card; Emergency, Information and Immunization Record Card and Application Fee needs to accompany this application for admittance.

Child's **Legal Last Name:** _____ Child's **First Name:** _____ Child's **M.I.** _____

Child's **Nick Name:** _____ Child's **Chinese Name:** _____

Child's **Gender:** M F Child's **Birth Date:** M ___ /D ___ /Y _____ Child's **Home Phone:** _____

Child's **Home Address:** _____

| | Parent/Guardian 1 | Parent/Guardian 2 |
|--------------|-------------------|-------------------|
| Name | | |
| Occupation | | |
| Company Name | | |
| Work Address | | |
| Work Phone | | |
| Cell Phone | | |
| e-Mail | | |

Language spoken at home _____ Second Language (if any) _____

Previous schools attended by applicant (Name/address/dates - please indicate if Montessori school):

Other children in family (name/gender/age), and school they are currently attending (if applicable):

What is your experience with Montessori education? And why are you considering Montessori for your child?

How would you describe your child's personality and learning styles?

What do you see as your child's greatest strengths?

Specify any special physical, emotional or educational needs for your child:

| | | | |
|--|---|---|----------------------------|
| Has your child ever received special services for any of the following: | | | |
| <input type="checkbox"/> Speech/ Language | <input type="checkbox"/> Developmental delays | <input type="checkbox"/> Behavioral support | If so, date removed: _____ |
| Is your child currently receiving special services for any of the following? | | | |
| <input type="checkbox"/> Speech/ Language | <input type="checkbox"/> Developmental delays | <input type="checkbox"/> Behavioral support | If so, date removed: _____ |

Are you aware of any allergies? Yes (please explain) _____ No

As a member of a parent-cooperative school, what talents, interests, and resources can you share to enhance the MMA community?

A non-refundable application fee should accompany this form. Mandarin Montessori Academy **does not** give refunds or cancellation of tuition for any absence including medical, withdrawal, vacations or other personal reasons.

Application Fee: \$100 new student / \$80 returning student

Supply Fee: \$150 per year

Tuition Deposit: \$500 per child (Refundable if the child completes the school year)

10% Tuition Discount: Applied if a second child is enrolled in the Toddler or Primary Program. The discount will be calculated on the child in the program with the lowest tuition rate.

Please check one program you are applying:

| TODDLER PROGRAM (12 Month – 3 Years Old) | PRIMARY PROGRAM (3 – 6 Years Old) |
|---|---|
| <input type="checkbox"/> Half Day (8:30 – 12:30) \$950 monthly | <input type="checkbox"/> Half Day (8:30 – 12:30) \$ 850 monthly |
| <input type="checkbox"/> Full Day (8:30 – 3:30) \$1100 monthly | <input type="checkbox"/> Full Day (8:30 – 3:30) \$980 monthly |
| <input type="checkbox"/> Extended Full Day (7:30 – 5:00) \$1310 monthly | <input type="checkbox"/> Extended Full Day (7:30 – 5:00) \$1180 monthly |

I received and agreed with the Parent Handbook.

Parent/Guardian: _____
Print Name

Relation to Child

Signature of Parent: _____

Date: _____

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For Administrative Use

First day of school: _____

Age at Enrollment Day: _____