

1230 E Guadalupe Rd. Tempe, AZ, 85283

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Application Form for Admission 2020 - 2021

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 P	'hone:
Child's Home Address:		
Pare	ent/Guardian 1 P	arent/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	t (Name/address/dates - please indicate if N	fontessori school):
Other children in family (name/gender/a	age), and school they are currently attending	g (if applicable):
What is your experience with Montesso	ori education? And why are you considering	Montessori for your child?
How would you describe your child's pe	ersonality and learning styles?	

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

Specify any specia	l physical, emotional or educational n	eeds for your child:				
Has your child e Speech/ Lang	ver received special services for any uage Developmental delays	of the following: Behavioral suppor	t If so, date removed:			
Is your child cur Speech/ Lang	rently receiving special services for a juage Developmental delays	ny of the following? Behavioral suppor				
Are you aware of a	ny allergies? Yes (please explain)		No			
As a member of a pathe MMA communi	parent-cooperative school, what taler ty?	nts, interests, and re	sources can you share to enhance			
refunds or cancella reasons.	application fee should accompany this tion of tuition for any absence includi	ng medical, withdra	·			
Application Fee: \$100 new student / \$80 returning student						
Tuition Deposit:	Supply Fee: \$150 per year Tuition Deposit: \$500 per child (Refundable if the child completes the school year)					
will be calculated o	unt: Applied if a second child is enrol n the child in the program with the lov Please check one program	west tuition rate. gram you are applyi	ng:			
TODDLER PROGRAM (12 Month – 3 Years Old)		PRIMARY PROGRAM (3 – 6 Years Old)				
	Half Day (8:00 – 11:15) \$900 monthly		Half Day (8:00 – 11:15) \$790 monthly			
	Full Day (8:00 – 3:00) \$1050 monthly		Full Day (8:00 – 3:00) \$950 monthly			
	Extended Full Day (7:30 – 5:00) \$1280 monthly		Extended Full Day (7:30 – 5:00) \$1150 monthly			
I received and a	agreed with the Parent Handb	<u>ook.</u>				
Parent/Guardian: _	Print Name		Relation to Child			
Signature of Parent	;	Date:				
	For Adminis	strative Use				

Age at Enrollment Day: _____

First day of school: