

# THE GARDEN MONTESSORI SCHOOL

## APPLICATION FOR ENROLLMENT

1. Submit Application and non-refundable fee of \$50.00 to The Garden Montessori School
2. All prospective students and parents must be interviewed by the Administrator.
3. Upon acceptance to the School an enrollment fee of \$300 is due (applicable to tuition).

Date \_\_\_\_\_ Program \_\_\_\_\_ School Year \_\_\_\_\_ Age \_\_\_\_\_ Ck. No. \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_ Custodial Parent if Applicable \_\_\_\_\_

Mother's Name (Natural / Step / Adoptive) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name (Natural / Step / Adoptive) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Siblings (Names & Ages ) \_\_\_\_\_

Previous Schools Attended \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Any long term or maintenance medications? \_\_\_\_\_

Any conditions that require monitoring? \_\_\_\_\_

Any other health concerns, mental or physical, that require observation? \_\_\_\_\_

### IF PARENTS CANNOT BE REACHED IN CASE OF AN EMERGENCY PLEASE NOTIFY:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### THE FOLLOWING PERSONS ARE AUTHORIZED TO PICK UP STUDENT FROM SCHOOL

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## APPLICATION FOR ENROLLMENT

Why did you choose The Garden Montessori School? \_\_\_\_\_

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In order of importance, what are your goals for your child's education and social development? \_\_\_\_\_

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Please provide any other information that may be helpful to the staff. \_\_\_\_\_

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Email Address \_\_\_\_\_

### Parent's Statement:

1. Parent(s) accept responsibility for notifying the School of any changes in home, emergency or business address or phone numbers, authorized persons to pick up their child and/or any significant changes at home.
2. Parent(s) agree to pay all tuition's, fees and assessments as they become due, and to provide the School with all required health and immunization forms and all school records from previously attended school.
3. Parent(s) agree to provide a nutritious lunch for their Kindergarten and Pre-K Student.
4. In the event of illness or accident and Parent(s) cannot be immediately contacted, Parent(s) give permission for their child to be moved by ambulance or other conveyance to a medical facility for immediate medical attention. Parent(s) hereby agree to be liable for any and all expenses incurred on behalf of their child.
5. Parent(s) give permission for their Student to participate in Field Trips scheduled from time to time during the school year. Parent(s) will be notified in advance of each Field Trip.
6. Parent(s) have examined the information contained in this application and hereby state that it is true and correct to the best of their knowledge.

***The Garden Montessori School accepts student, faculty and staff regardless of race, national origin or religious beliefs. The Garden Montessori School considers the records of all students to be confidential information and will release said records to another school and/or appropriate agency only upon the signed written request of the Student's parents or guardians and only after all accounts due are paid in full.***

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_