

# Greenwood Montessori School



## 2017-18 **Primary** Registration Application

(Please print legibly and be sure to include all requested information)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_ Telephone #s: \_\_\_\_\_

	<i>Home</i>	<i>Work</i>	<i>Cell</i>
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	<i>Home</i>	<i>Work</i>	<i>Cell</i>
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Parent(s)/Guardian(s) Address (if different from child's): \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like your information to be included in our Family Directory: (circle one): Yes No List only: \_\_\_\_\_

Would you like to be informed of events offered/sponsored by Living Faith Christian Church? (circle one) Yes No

**Please tell us how you heard about us:** [ ] Friend [ ] Newspaper Ad [ ] Drive-By [ ] Internet [ ] Other

**Program for which you are registering (please check one):**

- |                               |   |
|-------------------------------|---|
| <b>5-Day</b> (Monday-Friday): | [ ] Half-Day 8:30-12:00 Annual Tuition: \$7,874 (\$7,374) - \$614.50* |
|                               | [ ] Full-Day 8:30-3:00 Annual Tuition: \$9,885 (\$9,385) - \$782.08*  |
| <b>3-Day</b> (M/W/F):         | [ ] Half-Day 8:30-12:00 Annual Tuition: \$5,992 (\$5,492) - \$457.67* |
|                               | [ ] Full-Day 8:30-3:00 Annual Tuition: \$8,198 (\$7,698) - \$641.50*  |
| <b>2-Day</b> (T/TH)           | [ ] Half-Day 8:30-12:00 Annual Tuition: \$5,051 (\$4,551) - \$379.25* |
|                               | [ ] Full-Day 8:30-3:00 Annual Tuition: \$6,521 (\$6,021) - \$501.75*  |

*\*The amounts in parenthesis above reflect the subtotal of the annual tuition after the \$500 deposit has been deducted; monthly amounts listed above are based on 12 equal monthly payments from July 1<sup>st</sup> through June 1<sup>st</sup> of the annual tuition amount after the deposit has been deducted. Please refer to **Option C** of the Financial Policies for specific information regarding the payment schedule for the monthly installment option.*

**Method of Tuition Payment (please refer to the attached Financial Policies for details to complete this section):**

- [ ] Option A (Annual) [ ] Option B (Semi-Annual) [ ] Option C (Monthly)

**Please Tell Us About Your Child**

Does child have any allergies? [ ] Yes [ ] No If Yes, please describe: \_\_\_\_\_

**For office use only**

- |   |   |  |
|---|---|--|
| [ ] \$50 registration fee received<br>Check # _____   | [ ] \$200 activity/material fee received<br>enrollment/physician forms forward on (indicate date) _____ | [ ] \$500 deposit received<br>Dismissal ID # _____<br>____ cubby ____ mailed |
| Added to: [ ] class list [ ] attendance [ ] sign-in sheets [ ] email list(s) [ ] family directory [ ] allergy/photo lists |   |  |

Was your child's birth experience:  typical  premature  complications If birth experience was other than typical, please explain:

Has your child ever been enrolled in a Montessori Program?  Yes  No

Has your child had experiences with other children outside of the home?  Yes  No

If yes, in what capacity? \_\_\_\_\_  
(i.e., siblings, play group, day care, nursery school, other preschool experience, etc.)

If yes, how has your child related to other children? \_\_\_\_\_

Is your child excited about the prospect of going to school?  Yes  No  Don't Know

How do you think your child will react to separating from you at drop-off time? \_\_\_\_\_

Does your child usually respond positively to direction and/or re-direction from adults?  Yes  No

If no, please explain: \_\_\_\_\_

What do you think is your child's: most favorable attribute? \_\_\_\_\_

least favorable attribute? \_\_\_\_\_

What activity(ies) does your child: most enjoy? \_\_\_\_\_

least enjoy: \_\_\_\_\_

In one or two words, please describe your child's personality: \_\_\_\_\_

Has your child ever seen a physician or other professional for evaluation in any area (i.e., speech, emotional or behavioral development, etc.)?

Yes  No If yes, please explain: \_\_\_\_\_

Is there anything further about your child that you feel we should know?  Yes  No

If yes, please explain: \_\_\_\_\_

### ***Please Tell Us About Yourself***

Are you familiar with the Montessori Philosophy of early childhood education?  Yes  No

If yes, please describe your understanding of the Montessori Philosophy: \_\_\_\_\_

If no, please tell us what interests you about our School: \_\_\_\_\_

What are your goals for your child in applying for his/her admission to our School? \_\_\_\_\_

Do you believe that parents and teachers are partners in the educational process?  Yes  No

Do you believe the program for which you are applying is part of the educational process?  Yes  No

### ***Family Engagement***

We believe that parents, caregivers and other family members are a vital part of our program and that without your participation and presence, your child's early childhood experience will not be maximized. We welcome and encourage parental involvement wherever and whenever possible. Please indicate below in which area(s) you would be interested in volunteering:

Field Trip Chaperone

Website Maintenance/Internet Presence

Lunch volunteer (12:00-1:00)

Playground/Facilities Maintenance

Classroom Volunteering (storytelling, cooking, etc.)

Other Area(s) of Interest (please describe)

Parent Advisory Group member

Thank You For Your Registration Application

**Please return this Registration Application, along with the \$50 Non-Refundable Registration Fee, \$500 Deposit and \$200 Activity/Materials Fees.**