

# 2009-10 Application for Admission



Applicant

**APPLICANT'S NAME:** \_\_\_\_\_

Last

First

Middle

Date of birth: \_\_\_/\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Home phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City

State

Zip code

**DATE OF APPLICATION:** \_\_\_\_\_ School year applied for: \_\_\_\_\_

Please check the program and if necessary, hours you wish your child to attend school:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> <b>Infant Community</b> | <input type="checkbox"/> Mornings (8:30-12:00)  | <input type="checkbox"/> School Day (8:30-3:30)   |   |
| <input type="checkbox"/> <b>Primary</b>          | <input type="checkbox"/> Mornings (8:30-12:00)  | <input type="checkbox"/> School Day (8:30-3:30)   | <input type="checkbox"/> Extended Day (7:30-6:00) |
| <input type="checkbox"/> <b>Elementary</b>       | <input type="checkbox"/> School Day (8:30-3:30) | <input type="checkbox"/> Extended Day (7:30-6:00) |   |

I authorize Evergreen Montessori School to contact current and previous schools to obtain information to support my child's application.

I will not seek access to confidential recommendations and/or evaluation materials provided by any source before or after admission.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

*See page 5 for a schedule of fees.*

Family Information

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_ Relation to student: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Company name: \_\_\_\_\_ Position: \_\_\_\_\_ Work phone: \_\_\_\_\_

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_ Relation to student: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Company name: \_\_\_\_\_ Position: \_\_\_\_\_ Work phone: \_\_\_\_\_

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_ Relation to student: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Company name: \_\_\_\_\_ Position: \_\_\_\_\_ Work phone: \_\_\_\_\_

## SIBLINGS

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Office use - date received: \_\_\_\_\_ check #: \_\_\_\_\_ amount: \_\_\_\_\_

Enrollment contract: \_\_\_\_\_ Auth. Stud. Rlse.: \_\_\_\_\_ Em. Med. Care: \_\_\_\_\_ Shot Rcrd: \_\_\_\_\_

**Living Arrangements**

With which of the adults listed on the first page does the child live? (Please list all who apply.) \_\_\_\_\_

\_\_\_\_\_

Please list any other person's residing in the household: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate current status for each parent (e.g. married, separated, divorced, having custody, remarried, deceased):

\_\_\_\_\_

\_\_\_\_\_

If both parents regularly work outside the home, who stays with the child and when? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which languages other than English are spoken at home? \_\_\_\_\_

To what extent? \_\_\_\_\_

Please list any addresses (other than that of the student's custodial parent) to which school information/reports are to be mailed.

\_\_\_\_\_

Party responsible for payment: \_\_\_\_\_

**Scholastic**

How did you hear about Evergreen Montessori School? \_\_\_\_\_

\_\_\_\_\_

To which other schools are you applying? \_\_\_\_\_

\_\_\_\_\_

Which previous schools has your child attended and for what length of time?

School

Dates attended

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Understanding an applicant's background helps us to make informed and appropriate decisions. Has the applicant ever been suspended, asked to withdraw, or been expelled from a previous school? (If "Yes," please explain in an accompanying letter.)  Yes  No

**Medical Information**

---

If your child has special needs, please explain here what accommodations could be provided by Evergreen Montessori School to allow a fair evaluation for admission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the student ever participated in psychological or educational assessment or counseling? If so, please share information about it to help us better understand your child's needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies or dietary restrictions? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Does your child take a nap? If yes, how long/often? \_\_\_\_\_

Does your child have any special fears/habits? \_\_\_\_\_

\_\_\_\_\_

**Description of Applicant**

What immediate goals do you have for your child's development - academic, social, emotional? Why would you like to enroll your child in a Montessori school? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

Are there any activities that you would not feel comfortable with your child participating in? \_\_\_\_\_

---

---

My child has permission to go on all field trips arranged by the school. I will receive prior notice to a planned field trip.

Yes  No \_\_\_\_\_

Parent/Guardian Signature

Comments: \_\_\_\_\_

---

---

**INFANT COMMUNITY FEES**

<u>Schedule</u>	<u>Yearly</u>	<u>By Semester</u>	<u>Quarterly</u>	<u>Monthly</u>
(5 days a week) Payment Due	1 Payment August 1	2 payments Aug. & Jan. 1	4 payments Aug., Nov., Jan., & Mar. 1	10 payments 1st of every month
<b>Mornings</b>				
8:30 am to 12:00 pm	\$5000.00	\$2,625.50	\$1,312.50	\$550.00
<b>Full Day</b>				
8:30 am to 3:30 pm	\$7,300.00	\$3,832.50	\$1,916.25	\$800.00

**PRIMARY AND ELEMENTARY FEES**

<u>Schedule</u>	<u>Yearly</u>	<u>By Semester</u>	<u>Quarterly</u>	<u>Monthly</u>
(5 days a week) Payment Due	1 Payment Aug. 1	2 payments Aug. 1 & Jan. 1	4 payments Aug., Nov., Jan., & Mar. 1	10 payments 1st of every month
<b>Mornings</b>				
8:30 am to 12:00 pm	\$5,000.00	\$2,625.00	\$1,312.50	\$550.00
<b>School Day</b>				
8:30 am to 3:30 pm	\$6,000.00	\$3,150.00	\$1,575.00	\$660.00
<b>Extended Day</b>				
7:30 to 6:00	\$8,000.00	\$4,200.00	\$2,100.00	\$880.00

**ADDITIONAL FEES**

**Application and Registration fees**

Application and registration fees must accompany all applications for admission for new students and is due August 1. The application and registration fees are non-refundable.

**New students** \$300.00 for first child (\$50.00 for each additional child)

**Returning students** \$250.00 for first child (\$50.00 for each additional child)

**Supply Fees**

A supply fee is required for all students and is due on August 1, 2009. The supply fee is non-refundable.

**Infant Community** \$100.00 per student

**Primary** \$100.00 per student

**Elementary** \$300.00 per student

I have read and understand the announced schedule of fees.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Date: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

**Please initial the following statements and sign below.**

\_\_\_\_\_ I agree to pay the tuition for the level in which my child is enrolled in accordance with the announced rates. I understand that my obligation to pay the charges is unconditional and that no portion of such charges paid or outstanding will be refunded or cancelled notwithstanding the subsequent absence, withdrawal or dismissal from Evergreen Montessori School of the above named student.

\_\_\_\_\_ Upon signing the Agreement, I agree to pay Evergreen Montessori School \$ \_\_\_\_\_/year/semester/quarter/month (circle one). I understand that this is a year contract for the 2009-2010 school year. I agree that in the event of default in the payment of any installment provided for in this contract, the above student may not be allowed to continue classes and that the undersigned will be responsible for all attorney's fees and costs of collection for any outstanding amounts due under this contract.

\_\_\_\_\_ I understand that tuition is due on the 1st of the month and is non-refundable. Payments received after the 3rd business day of the month must include a 10% late fee charge. A \$30.00 charge will be added for all returned checks.

\_\_\_\_\_ It is expressly understood and agreed by and between the parties hereto that this Application and the Contract, the terms of which are hereby incorporated by reference, set forth all of the promises, agreements, conditions and understandings between Evergreen Montessori School, Inc. and the undersigned parent/guardian relative to the enrollment of the child or children listed on this Application and that there are no other promises, agreements, conditions or understandings, either oral or written, between them other than herein set forth. It is further understood and agreed that no subsequent alteration, amendment, change or addition to the Application shall be binding upon Evergreen Montessori School or the undersigned parent/guardian unless reduced to writing and signed by them, and by direct reference therein made a part thereof.

\_\_\_\_\_

Print name

\_\_\_\_\_

Address

\_\_\_\_\_

Signature

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Parent's SS# (Required if tuition is not paid in full)

\_\_\_\_\_

Home phone

Cell phone

I have received a copy of the school's policy statement/handbook.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



## EMERGENCY MEDICAL CARE FORM

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ M / F \_\_\_\_\_

Home Address

No. Street \_\_\_\_\_ Apt # \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Pediatrician \_\_\_\_\_ Office Address \_\_\_\_\_ Office Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Office Address \_\_\_\_\_ Office Phone # \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

*Please provide parent contact information as well as two alternative contacts.*

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Email \_\_\_\_\_

Alternate Contact #1 \_\_\_\_\_

Alternate Contact #2 \_\_\_\_\_

### MEDICAL CONDITIONS

*Please indicate any known allergies and other medical conditions*

Condition	Age Identified	Prescribed Treatment (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____

### MEDICAL CARE RELEASE STATEMENT

I/We, \_\_\_\_\_, authorize Evergreen Montessori School to obtain emergency medical care for my/our child, \_\_\_\_\_, in the event of a medical emergency.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**AUTHORIZED STUDENT RELEASE**

I/We authorize the following person(s) to pick up my/our child \_\_\_\_\_ from  
Evergreen Montessori School.

Name	Relationship	Contact Information
------	--------------	---------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event that someone other than a parent, or individual authorized above, may need to pick up your child from school, parents must call in the name of the person to the school office prior to pick-up time to notify the school that an unauthorized individual will be picking up your child. The individual picking up must provide photo I.D. at the time of pick up. Your child will not be released until all steps in the above process have been completed.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments (Please date and initial each entry)

_____
_____
_____
_____