



**CHILDREN'S
HOUSE**
MONTESSORI

Where learning happens natur

Application for Enrollment 2019 - 2020

Student Information

Date of application / /

Name	Birth date	M	F
Applying for (please indicate a second choice, if possible)			
<input type="radio"/> Morning preschool / 8:15 - 11:15 / 3-day (Tuesday, Wednesday, Thursday)	\$1730	\$50 **For all preschoolers	
<input type="radio"/> Morning preschool / 8:15 - 11:15 / 5-day (Monday - Friday)	\$2668	\$50	
<input type="radio"/> Morning preschool / 8:30 - 11:30 / 3-day (Tuesday, Wednesday, Thursday)	\$1730	\$50 **For all preschoolers	
<input type="radio"/> Morning preschool / 8:30 - 11:30 / 5-day (Monday - Friday)	\$2668	\$50	
<input type="radio"/> Afternoon preschool / 12:00 - 3:00 / 3-day (Tuesday, Wednesday, Thursday)	\$1730	\$50 **For all preschoolers	
<input type="radio"/> Afternoon preschool / 12:00 - 3:00 / 5-day (Monday - Friday)	\$2668	\$50	
<input type="radio"/> All day kindergarten / 8:15 - 3:00 / 5-day (Monday - Friday)	\$5075	\$200 **For all kindergarten	
<input type="radio"/> Elementary / 8:00 - 3:00 / 5-day (Monday - Friday) Grade: <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 4th <input type="radio"/> 5th	\$5075	\$200 **For all elementary	
<input type="radio"/> Preschool Enrichment / 11:15 - 3:00 / 3-day (Tuesday, Wednesday, Thursday)	\$1800	\$50 **For enrichment extras	
<input type="radio"/> Preschool Enrichment / 11:15 - 3:00 / 5-day (Monday-Friday)	\$3000	\$50 **For enrichment extras	

- Students enrolled in the kindergarten, elementary or preschool enrichment provide their own lunch.
- Students registering for the Preschool Enrichment must be four years of age on or before September 1, 2019 and be registered in a 3 or 5 day morning program. Six students must be enrolled in the Enrichment program for it to be offered.
- A student seeking admission to the preschool program must be three years of age on or before Sept. 1, 2019 and be totally self-sufficient with toileting.
- ***Based on 10 monthly payments, beginning in August. Monthly tuition is only available online through FACTS. For more information, please contact the school.**

Referred by _____

Parent / Guardian 1

Name	Home #	Mobile #
Street	City	State Zip
Employer	Profession	Work #
Email	Where / When is the best time to contact you?	

Parent / Guardian 2

Name	Home #	Mobile #
Street	City	State Zip
Employer	Profession	Work #
Email	Where / When is the best time to contact you?	

Non-Discriminatory Policy

Children's House Montessori does not discriminate on the basis of race, religion, national origin or sexual orientation in the administration of its educational policies, administration policies, staff hiring or other school programs.

Other Children in the Family

Please list name, age, grade	Enrolled in CHM?	If not CHM, what school?
_____	<input type="radio"/>	_____
_____	<input type="radio"/>	_____
_____	<input type="radio"/>	_____

How did you hear about our school? website article word of mouth referral

Portrait (please describe family life and routines)

Why are you interested in a Montessori education?

Please tell us briefly about your child's personality, favorite activities, interests, etc. or any other things you would like CHM to know about your child.

Hours of video / TV / computer time per day:

Child's bedtime:

Average hours of sleep:

What word does your child use for toileting?

Does your child have any fears?

If applicant does not live with both parents, please describe the child's living situation:

Health History

Child's general health:

Allergies & Associated Medications:

Any major illnesses, accidents, prolonged medications? _____

Age when your child: First walked:

First talked:

Toilet trained:

Have you consulted a physician or professional about a concern in your child's development? If so, please describe your child's:

Learning delays/disabilities:

Speech and language development:

Emotional or behavioral development:

Would you be willing to share your child's records pertaining to any developmental delays/interventions with CHM? Yes ____ No ____

Prior Schools (please list name and address)

School _____ Teacher _____

School _____ Teacher _____

May we have permission to contact them? Yes ____ No ____

How did you hear about Children's House: ___internet search ___prior experience with CHM ___personal reference ___word of mouth

I am planning for my child/ren to remain at CHM through: ___preschool ___kindergarten ___elementary school (grade___)

Enrollment Agreement

I/We wish to enroll our child _____ at Children's House Montessori School (CHM) for the 2019-2020 school year.

I/We understand that:

1. We are our child's primary educator.
2. We are entering into a partnership with CHM and we agree to work closely with our child's teachers to help our child grow emotionally, socially and academically.
3. We will strive to be involved in the school community and support the activities throughout the school year.
4. We will know and comply with the school policies and procedures outlined in the Student Handbook. The current year's Student Handbook is available online and the new handbook will be included in your child's information packet which you will receive prior to school. _____ (initials)
5. We agree that our child's success at CHM is dependent upon regular attendance and punctuality. We will strive to ensure our child arrives on time, maintains regular attendance and if an absence is necessary, we will notify the school in a timely manner.
6. We are aware of and agree to the following financial responsibilities and commitments to CHM:
 - a. I/We are to pay the **non-refundable** registration fee which ensures my child's place in Children's House Montessori.
 - b. I/We are to pay the deposit and that deposit will be applied to the tuition, with one half of the deposit being applied to each semester.
 - c. I/We understand that we forfeit the deposit if our child does not attend CHM.
 - d. I/We understand that we must give the school a 30 day notice in writing if we leave prior to the end of the school year. We will be responsible for paying remaining tuition if such a departure occurs. Any exceptions are at the discretion of the CHM Board of Directors.
7. ***Please indicate your choice of tuition payment plan.**
 - o Full payment
 - _____ July 14, 2019 entitles you to a 2% discount
 - o Semester payments
 - _____ August 15, 2019 & December 15, 2019
 - o A late fee of 1 ½ % per month or 18% per year will be assessed on all accounts 30 days past due
 - o Monthly payments can be arranged through FACTS, an online payment plan
 - _____ 10 monthly payments beginning in August 2019 (if enrolled prior to July 1, 2019)
 - _____ 12 monthly payments for returning families beginning in June 2019 (if enrolled prior to May 1, 2019)

Registration/Deposit

I am enclosing:

\$350 Preschool Deposit & registration fee (Includes \$50 NON-REFUNDABLE/NON-TRANSFERRABLE registration fee)

\$150 Enrichment Deposit and registration fee (Includes \$50 NON-REFUNDABLE/NON-TRANSFERRABLE registration fee)

\$500 Kindergarten/Elementary Deposit & registration fee (Includes \$100 NON-REFUNDABLE/NON-TRANSFERRABLE registration fee)

- I understand the registration fee is required but does not apply towards tuition.
- I understand the deposit will be applied towards tuition.
- I understand that the deposit is forfeit if the registered child does not attend CHM.
- If my child is not toilet trained by the first day of school and does not attend CHM in September, I understand I forfeit the deposit for the first semester. If my child is not toilet trained by the first day of the second semester, I understand I forfeit the deposit for the second semester. If my child is toilet trained but there are no vacancies at CHM in January, I understand that my second semester deposit can be applied to the 2019-2020 school year but if I chose not to return to CHM, the deposit will not be refunded.
- I understand the Activity/Material Fee is used for enrichment opportunities including but not limited to music, second language, gymnasium rental and classroom materials.
- If you are responsible for the enrollment of a student new to CHM, you will receive **\$100**. Said student will need to mention you by name on the registration form.

Parent signature _____

Date / / _____

Registration is not complete and the space for your child is not guaranteed until these items are delivered and initialed:

Application for Registration Enrollment Agreement Initials on # 4 Registration Fee/Deposit

Registration for returning families is open until February 28, 2019

Open Registration begins March 1, 2019

For Office Use Only

Date fees received / / Amount paid/Check # Date accepted / / Initials Program Admitted to: _____