



# **Application for Enrollment**

**2021-2022**

# Student Information

Date of Application / /

**Name of Student:** \_\_\_\_\_ **Student Birth date** / / **M F** **Prefer to Specify:** \_\_\_\_\_

Applying for (please indicate a second choice, if possible)

Annual Tuition

Materials &  
Activities FeeApplication Fee  
(non-refundable)**My child will be 3 years of age on or before September 1st, 2021.** Morning 3-Day Primary (Tuesday, Wednesday, Thursday)

\$2070

\$50

\$50

 (\*\*Recommended) Morning Primary 5-day (Monday - Friday)

\$2400

\$50

\$50

**My child will be at least 4 years of age on or before September 1st, 2021.** Morning Primary 3-day (Tuesday, Wednesday, Thursday)

\$2070

\$50

\$50

 (\*\*Recommended) Morning Primary 5-day (Monday - Friday)

\$2400

\$50

\$50

 \*\*\*Morning Primary + 3-Day Enrichment (Tuesday, Wednesday, Thursday)

\$3870

\$200

\$100

 \*\*\*Morning Primary + 5-Day Enrichment (Monday - Friday)

\$4800

\$200

\$100

 All-Day kindergarten 5-day (Monday - Friday)

\$5075

\$200

\$100

 Lower Elementary 5-day (Monday - Friday)

\$5075

\$200

\$100

Grade:  1st  2nd  3rd Upper Elementary 5-day (Monday - Friday)

\$5075

\$200

\$100

Grade:  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>

\*A student seeking admission to the primary program must be totally self-sufficient with toileting.

\*\* The Morning Primary 5-Day program is encouraged for children because it offers the consistency that children of this age desire and reinforces the Montessori routine.

\*\*\*The Enrichment Program offers students a second work cycle as well as enhanced curriculum. While there is limited availability, at least six students must be enrolled in the Enrichment program for it to be offered.

†These grades require at least one year of Montessori classroom experience.

- We assign students to classrooms in order to provide balance in our mixed age grouped classes. You will be assigned a drop-off time for your primary student either at 8:15 a.m. or 8:30 a.m. If your assigned drop-off is 8:15 a.m., you will pick up your student at 11:15 a.m. If your assigned drop off is 8:30 a.m., you will pick up your student at 11:30 a.m. Enrichment Pick-Up is from 2:45 p.m. to 3:00 p.m.
- Kindergarten begins at 8:15 a.m. and ends at 3:00 p.m.
- Elementary begins at 8:00 and ends at 3:00 p.m.
- Before school care begins at 7:30 a.m. at a cost of \$4 every half hour. Families of Kindergarten or Elementary students may drop-off siblings early at 8:00 a.m. at no cost. Please inquire about the after school preferred provider program.
- Students enrolled in the kindergarten, elementary or primary enrichment provide their own healthy lunch.
- A 2% discount is given to families with multiple students. It cannot be combined with other discounts.

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.

How did you hear about Children's House: \_\_\_internet search \_\_\_prior experience with CHM \_\_\_personal reference \_\_\_word of mouth

# Portrait

\*Information provided on this form is held in strict confidence.

<b>Family &amp; Social History</b>	
Child's Name:	Nickname:
Birthdate: ____/____/____	*Race/Ethnicity: White, Hispanic/Latinx      Asian (Circle All that Apply) White, Not Hispanic Lantinx      Black American Indian or Alaskan Native      Prefer to Specify: _____ Native Hawaiiian or Pacific Islander
Current Living Arrangements:	
Siblings (include step-siblings not living with the child)	
Name:	Age:      Enrolled at CHM?    Yes    No (List school: _____)
Name:	Age:      Enrolled at CHM?    Yes    No (List school: _____)
Name:	Age:      Enrolled at CHM?    Yes    No (List school: _____)
Name:	Age:      Enrolled at CHM?    Yes    No (List school: _____)
Other members of household/relationship to child:	
If your child is cared for by someone other than parents during the day, please indicate these arrangements:	
Has your child had previous group experiences?	If so, what/ where?
Names of your child's playmates:	
How much time does your child watch TV daily:	How much screen time with handheld devices daily:
What extra activities are your child involved with (ballet, music, soccer, etc.)?	
How many days/hours per week?	
<b>Developmental History</b>	
Age your child: Crept on hands & knees:	Walked alone:      Used simple sentences:
Word your child uses for urinating:	Bowel Movement:
Does your child dress himself:	Undress herself:      Favor left or right hand:
Does your child have any dietary restrictions:	
Does your child have any fears we should be aware of:	
What time does your child go to bed?	What time does your child awaken?
What things does your child like to do best:	
Does your child follow verbal directions:	One Step      Two Step
When you try to teach your child something new, does s/he become frustrated:	
What does s/he do:	
What method of behavior control (disciplining) is used in your house:	
What is your child's reaction to discipline:	
Is there anything else that we should be aware of related to the development of your child?	
We recommend all children go through the RCPS preschool screening. Has your child been screened: Are you willing to share the results with us:	

\*Required by the South Dakota Department of Education for Kindergarten to 6<sup>th</sup> Grade Students.

<b>Child's Name:</b>	<b>Birthdate:</b> _____/_____/_____
As you understand your child, please list his/her strengths and needs with the strongest one in each area listed first:	
My child's <b>strengths</b> are:	My child's <b>needs</b> are:
1.	1.
2.	2.
3.	3.

<b>Health History</b>			
Allergies:		Medications:	
Does your child suffer allergic reactions: How does it manifest itself: What medications are needed:		To what:  Will they need to be available on campus:	
Does your child have asthma:	Does he/she use an inhaler:	Will your child carry one to school:	
Does your child have a history of: Frequent Colds:	Diabetes: High Fevers:	Earaches/Frequent Ear Infections: Hay Fever/Allergies:	Stomach Issues: Hives/Rashes:
Learning delays or concerns:			
Speech and language development concerns:			
Emotional or behavioral development concerns:			
Has your child had any serious illness or accidents/injuries:			
Has your child had a vision test:	Hearing test:	Dental check-up:	
Would you be willing to share any relevant records? Yes No			

## Prior Schools

School \_\_\_\_\_ Teacher \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

May we have permission to contact them? Yes \_\_\_ No \_\_\_

I am planning for my child/ren to remain at CHM through: \_\_\_preschool \_\_\_kindergarten \_\_\_elementary school (grade\_\_\_)

Identification and Emergency Information		*Completion required by new and returning families.
Child's Name:	Birth date:	
Mother/Guardian:	Cell Phone:	
Email:		
Address:	Home Phone:	
City:	State:	Zip Code:
Employment:	Work Phone:	Hours:
Father/Guardian:	Cell Phone:	
Email:		
Address:	Home Phone:	
City:	State:	Zip Code:
Employment:	Work Phone:	Hours:
Allergies:		
Regular Medications:		
Medications on School Campus:		
Child's Physician:	Phone Number:	
<b>Person/s authorized to pick up your child</b>		
1.	Phone #	Relationship to Child:
2.	Phone #	Relationship to Child:
3.	Phone #	Relationship to Child:
Under no circumstances will your child be released to anyone not known to the school without written authorization from parents/guardians. Anyone other than parents may be asked to show identification before your child will be released to them.		

Person/s to be called in case of an emergency. Please indicate someone who will usually know your whereabouts.	
Name:	Home Phone:
Address:	
Relationship to child:	Cell Phone:
Name:	Home Phone:
Address:	
Relationship to child:	Cell Phone:

**MEDICAL AUTHORIZATION/PERMISSION FOR** (child's name)

The undersigned, having legal custody of the above-named minor, hereby authorize the Children's House Montessori (CHM), into whose care the above-named minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor upon the advise of a physician and surgeon licensed under the provisions of the Medical Practice Act.

The undersigned authorizes CHM to release the above-named minor into the custody of its representative if hospital care no longer deemed necessary.

I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities of the school, and to leave the school premises under the direct supervision of a staff member for neighborhood walks or for field trips in authorized vehicles.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care for my child. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency form.
2. If we cannot contact you or your child's physician we will do one or both of the following: (a) call another physician or paramedics (b) have the child taken to the hospital in the company of a staff member.
3. Any expenses incurred under 2 above will be borne by the child's family
4. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment

Signed \_\_\_\_\_ Date \_\_\_\_\_ Director Initials \_\_\_\_\_

**This form is to be used ONLY in EXTREME EMERGENCIES when a parent, guardian or emergency contacts cannot be reached.**

# Enrollment Agreement

I/We wish to enroll our child \_\_\_\_\_ at Children's House Montessori School (CHM) for the 2021-2022 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** application 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. See Tuition Payment plan worksheet for cost breakdown.**
  - o Full payment
    - \_\_\_\_\_ Full Payment before July 15, 2021 entitles you to a 2% discount
  - o Semester payments
    - \_\_\_\_\_ September 15, 2021 & January 15, 2022
  - o Monthly payments can be arranged through FACTS, an online payment plan
    - \_\_\_\_\_ 9 monthly payments beginning in September 2021

\*A late fee of 1 ½ % per month or 18% per year will be assessed on all accounts 30 days past due

## Application/Deposit

I am enclosing:

\$350 Primary Deposit (Includes the \$50 NON-REFUNDABLE/NON-TRANSFERRABLE Application fee)

\$500 Primary + Enrichment Deposit (Includes \$100 NON-REFUNDABLE/NON-TRANSFERRABLE Application fee)

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

- I understand the application fee is required but does not apply towards tuition.
- I understand the deposit amount remaining after the application fee will be applied towards tuition.
- I understand the deposit will be forfeited 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 2021-2022 school year but if I chose not to return to CHM, the deposit will not be refunded.
- I understand the Materials and Activities Fee is used for enrichment opportunities including but not limited to music, art, yoga gymnasium rental and classroom materials.
- If you are responsible for the enrollment of a student new to CHM, you will receive \$100 towards your tuition. Said student will need to mention you by name on the application form.

Parent signature \_\_\_\_\_

Date / /

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

Tour of School  Completed Application  Enrollment Agreement  Initials on # 4  Application Fee/Deposit

Application for returning families begins January 20<sup>th</sup>, 2021

Open Application begins February 19, 2021

## For Office Use Only

Applicant's Caregiver Completed Tour of Children's House and Interview on \_\_\_\_\_, \_\_\_\_\_

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

## Tuition Cost Worksheet

---

Program	Tuition + Fees	Tuition + Fees (Paid in Full Early Discount or Family Discount)	Tuition + Fees Semester Payment	Tuition + Fees 9-Monthly Payments
Morning 3-Day Primary	\$2,070 + \$100	\$2,170 (\$2,126)	\$1,085	\$241.11
Morning 5-Day Primary	\$2,400 + \$100	\$2,500 (\$2,450)	\$1,250	\$277.78
Primary + Enrichment 3-Day	\$3,870 + \$300	\$4,170 (\$4,086)	\$2,085	\$463.33
Primary + Enrichment 5-Day	\$4,800 + \$300	\$5,100 (\$4,998)	\$2,550	\$566.67
Kindergarten	\$5,075 + \$300	\$5,375 (\$5267.50)	\$2,687.50	\$597.22
Lower Elementary	\$5,075 + \$300	\$5,375 (\$5267.50)	\$2,687.50	\$597.22
Upper Elementary	\$5,075 + \$300	\$5,375 (\$5267.50)	\$2,687.50	\$597.22