

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 \$100 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 _____

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Why did you choose The Garden Montessori School? _____

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

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

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 Extended Day 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 _____