

2010-20 Toddler Registration Application

	DOB:	Date of Regis	stration:	
Does your child have any allergies? If				
Address:				
Parent(s)/Guardian(s) Name(s):	Telephone	; #s:		
		Home	Work	Cell
Parent(s)/Guardian(s) Address (if diffe	rent from child's):	Home	Work	Cell
Email:		Email:		
Would you like your information to be i				
Please tell us how you heard about	us: [] Friend [] Drive	-By [] Social Media/	Internet [] C)ther
Program for which you are registeri	ing (please check one):			
5-Day (Monday-Friday):	[] Half-Day 8:45 [] Full-Day 8:45	5-11:45 Annual Tuition: 9 -2:45 Annual Tuition: 9	\$ 8,615 (\$ 8,115) \$10,685 (\$10,185)	
3-Day (M/W/F):	[] Half-Day 8:45 [] Full-Day 8:30-	5-11:45 Annual Tuition: 9 -2:45 Annual Tuition: 9	\$ 6,675 (\$ 6,175) \$ 8,945 (\$ 8,445)	
2-Day (T/TH)	[] Half-Day 8:45 [] Full-Day 8:30-	5-11:45 Annual Tuition: 9 -2:45 Annual Tuition: 9	\$ 5,705 (\$ 5,205) \$ 7,285 (\$ 6,785)	
*The amounts in parenthesis above re are based on 12 equal monthly payme	ents from July 1st through June 1s garding the Deposit, Fees and Pa ication to include the \$50 Registr Fees, GMS Fee and any Tuitio	st of the annual tuition amou ayment Options. One check ration Fee, \$500 Deposit a on previously paid are fo	unt after the deposit k, payable to Green and \$200 GMS Fee.	has been deducted. Please refer twood Montessori School, should The Deposit, Registration/Re-
to our Financial Policies for details reg be mailed with this Registration Applic Registration/Sibling Registration F terminated at any time for any reason		-		
be mailed with this Registration Applic Registration/Sibling Registration F	refer to our Financial Policies		nis section):	
be mailed with this Registration Applic Registration/Sibling Registration F- terminated at any time for any reason Method of Tuition Payment (please [] Option A (Annual)		for details to complete the	nis section):	[] Option C (Monthly)
be mailed with this Registration Applic Registration/Sibling Registration F- terminated at any time for any reaso Method of Tuition Payment (please [] Option A (Annual)	[] Optione GMS Fee equally among my/o	for details to complete the	nis section):	[] Option C (Monthly)

Please Tell Us About Your Child

vvas your child's birth experience: [] typical [] premature [] comp	lications If birth experience was other than typical, please explain:
Has your child ever been enrolled in a Montessori Program?	[] Yes
Has your child had experiences with other children outside of the home?	[] Yes
If yes, in what capacity?	y care, nursery school, other preschool experience, etc.)
If yes, how has your child related to other children?	
How do you think your child will react to separating from you at drop-off time?	
Does your child put objects in his/her mouth? [] Yes [] No	[] Sometimes
Is your child [] toilet-trained? [] in the process of being toilet-train	ned? [] not yet toilet-trained
Does your child speak: [] in words? [] in sentences?	[] not yet speaking?
Does your child usually respond positively to direction and/or re-direction from 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 an	y 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? [] If yes, please explain:	
Please Tell Us Ab	out Yourself
Are you familiar with the Montessori Philosophy of early childhood education?	[] Yes [] No
If yes, please describe your understanding of the Montessori Philoso	pphy:
·	
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 Sch	ool?
Do you believe that parents and teachers are partners in the educational proceprocess? [] Yes [] No	ess and that the program for which you are applying is part of that
Family Enga	gement
We believe that parents, caregivers and other family members are a vital parchild's early childhood experience will not be maximized. We welcome and en indicate below in which area(s) you would be interested in volunteering:	
[] Field Trip Chaperone	ternet Presence [] Lunch Volunteer (12:00-1:00) (storytelling, cooking, etc.) [] Parent Advisory Group member