

# Greenwood Montessori School

## 2019-20 Registration Application

(Please print legibly and be sure to include all requested information)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

Does your child have any allergies? If yes, please list: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s):	Telephone #s:									
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><i>Home</i></td> <td style="width: 33%; text-align: center;"><i>Work</i></td> <td style="width: 33%; text-align: center;"><i>Cell</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;"><i>Home</i></td> <td style="text-align: center;"><i>Work</i></td> <td style="text-align: center;"><i>Cell</i></td> </tr> </table>	<i>Home</i>	<i>Work</i>	<i>Cell</i>				<i>Home</i>	<i>Work</i>	<i>Cell</i>
<i>Home</i>	<i>Work</i>	<i>Cell</i>								
<i>Home</i>	<i>Work</i>	<i>Cell</i>								

Parent(s)/Guardian(s) Address (if different from child's): \_\_\_\_\_

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

Would you like your information to be included in our Family Directory: (circle one): Yes No List only: \_\_\_\_\_

**Please tell us how you heard about us:**  Friend  Drive-By  Social Media/Internet  Other \_\_\_\_\_

**Program for which you are registering (please check one):**

Program	Schedule (check one)	Annual Tuition	After Deposit	Monthly Payments*		
				12 months (July-June)	11 months (August-June)	10 months (Sept-June)
5-Day (Monday-Friday):	<input type="checkbox"/> Half-Day 8:30-12:00	\$ 8,115.00	\$ (7,615.00)	\$ 634.58	\$ 692.27	\$ 761.50
	<input type="checkbox"/> Full-Day 8:30-3:00	\$10,185.00	\$ (9,685.00)	\$ 807.08	\$ 880.45	\$ 968.50
3-Day (M/W/F):	<input type="checkbox"/> Half-Day 8:30-12:00	\$ 6,175.00	\$ (5,675.00)	\$ 472.92	\$ 515.91	\$ 567.50
	<input type="checkbox"/> Full-Day 8:30-3:00	\$ 8,445.00	\$ (7,945.00)	\$ 662.08	\$ 722.27	\$ 794.50
2-Day (T/TH):	<input type="checkbox"/> Half-Day 8:30-12:00	\$ 5,205.00	\$ (4,705.00)	\$ 392.08	\$ 427.73	\$ 470.50
	<input type="checkbox"/> Full-Day 8:30-3:00	\$ 6,785.00	\$ (6,285.00)	\$ 523.75	\$ 571.36	\$ 628.50

*\*The amounts in parenthesis above reflect the annual tuition after the \$500 deposit has been deducted; the monthly amounts reflect the payment schedule based when registration occurs. Please refer to our Financial Policies for details regarding the Deposit, Fees and Payment Options. One check, payable to Greenwood Montessori School, may be submitted with this Registration Application to include the \$50 Registration Fee, \$500 Deposit and \$200 GMS Fee. **The Deposit, Registration/Re-Registration/Sibling Registration Fees, GMS Fee and any Tuition previously paid are forfeited by the family if a child is withdrawn or terminated at any time for any reason after registration or re-registration.***

**Method of Tuition Payment (please refer to our Financial Policies for details to complete this section):**

- Option A (Annual)
  Option B (Semi-Annual)
  Option C (Monthly)
   
 I/We wish to divide the GMS Fee equally among my/our payment installments.

**For office use only**

<input type="checkbox"/> \$50 registration fee received	<input type="checkbox"/> \$200 GMS fee received	<input type="checkbox"/> \$200 GMS fee--installments	<input type="checkbox"/> \$500 deposit received
Check # _____	enrollment/physician forms forwarded on (indicate date) _____	Dismissal ID # _____	
Date received _____	contract forwarded (indicate date) _____	_____ cubby	_____ mailed

Added to:  class list  allergy/photo lists  dismissal ID list  attendance  sign-in sheets  email list(s)  family directory

*please see reverse side*

**Please Tell Us About Your Child**

Was your child's birth experience:  typical  premature  complications If birth experience was other than typical, please explain:

Has your child ever been enrolled in a Montessori Program?  Yes  No

Has your child had experiences with other children outside of the home?  Yes  No

If yes, in what capacity? \_\_\_\_\_  
(i.e., siblings, play group, day care, nursery school, other preschool experience, etc.)

If yes, how has your child related to other children? \_\_\_\_\_

Is your child excited about the prospect of going to school?  Yes  No  Don't Know

How do you think your child will react to separating from you at drop-off time? \_\_\_\_\_

Does your child usually respond positively to direction and/or re-direction from adults?  Yes  No

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 any 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?  Yes  No

If yes, please explain: \_\_\_\_\_

**Please Tell Us About Yourself**

Are you familiar with the Montessori Philosophy of early childhood education?  Yes  No

If yes, please describe your understanding of the Montessori Philosophy: \_\_\_\_\_

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 School? \_\_\_\_\_

Do you believe that parents and teachers are partners in the educational process and that the program for which you are applying is part of that process?  Yes  No

**Family Engagement**

We believe that parents, caregivers and other family members are a vital part of our program and that without your participation and presence, your child's early childhood experience will not be maximized. We welcome and encourage parental involvement wherever and whenever possible. Please indicate below in which area(s) you would be interested in volunteering:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Field Trip Chaperone                              | <input type="checkbox"/> Website Maintenance/Internet Presence                | <input type="checkbox"/> Lunch Volunteer (12:00-1:00) |
| <input type="checkbox"/> Playground/Facilities Maintenance                 | <input type="checkbox"/> Classroom Volunteering (storytelling, cooking, etc.) | <input type="checkbox"/> Parent Advisory Group member |
| <input type="checkbox"/> Other Area(s) of Interest (please describe) _____ |   |   |

Thank You for Your Registration Application

**Please return the Application, along with the \$50 Registration Fee, \$500 Deposit and \$200 GMS Fee.**

