

2020-21 Toddler Registration Application (Please print legibly and be sure to include all requested information)

Name:		DOB:	Date (of Registration:			
Does your child have any a	llergies? If yes, please lie	st:					
Address:							
Parent(s)/Guardian(s) Name((s):	Telephone #	łs:				
		————	Home	Work	Cell		
			Home	Work	Ce	 }	
Parent(s)/Guardian(s) Addres	ss (if different from child's)):					
Email:			Email:				
Would you like your information	on to be included in our F	² amily Directory: (c	circle one): Yes	No Include onl	y:		
Please tell us how you hear	rd about us: [] Frien	ıd [] Drive-F	Зу [] Socia	l Media/Internet [[] Other		
Program for which you are	registering (please ched	ck one):					
	For the acader	emic year September-June			Monthly Payments		
Program Cahadula	Daily Schedule (check one)	Annual Tuition		12-month payment schedule	11-month payment schedule	10-month paymen schedule	
Program Schedule	· , , , , , , , , , , , , , , , , , , ,		After Deposit	(July-June)	(August-June)	(Sept-June)	
5-Day (Monday-Friday):	Half-Day 8:30-11:55	\$8,615.00	\$(8,115.00)*	\$676.25	\$737.73	\$811.50	
3-Day (M/W/F):	Half-Day 8:30-11:55	\$6,675.00	\$(6,175.00)*	\$514.58	\$561.36	\$617.50	
2-Day (T/TH):	Half-Day 8:30-11:55	\$5,705.00	\$(5,205.00)*	\$433.75	\$473.18	\$520.50	
*The amounts in parenthesis schedule based when regist check, payable to Greenwood and \$200 GMS Fee. The Deforfeited by the family if a comment [] Option A (Ann [] I/We wish to	tration occurs. Please red Montessori School, may be eposit, Registration/Re-child is withdrawn or term to our Final forces.	efer to our Financia be submitted with a -Registration/Siblerminated at any tin mancial Policies fo [] Option	ial Policies for deta this Registration ling Registration ime for any reaso or details to com	tails regarding the Dep Application to include In Fees, GMS Fees a on after registration Inplete this section):	posit, Fees and Paym the \$50 Registration I and any Tuition pre or re-registration.	nent Options. One Fee, \$500 Deposit	
		For of	ffice use only				
[] \$50 registration fee rece Check # Date received Added to: [] class list	enrollment/physic	sician forms forwarde contract forwar	ed on (indicate date arded (indicate date	200 GMS feeinstallmer 2) 2) 1 sign-in sheets	Dismissal ID # c	cubbymailed	

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?									
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-trained? [] 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 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									
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, you child's early childhood experience will not be maximized. We welcome and encourage parental involvement wherever and whenever possible. Pleas indicate below in which area(s) you would be interested in volunteering:									
[] Field Trip Chaperone									