grace montessori school

APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Child's Name_____
Last Name First Name Middle

Male □ Female □ Date of Birth:_____

Home Address: _____

_____
City State Zip Code

_____ _____
School District County

EDUCATION PROGRAMS: Programs run Monday through Friday, August through mid-June. Summer Camp sessions at added costs are available. **A non-refundable registration fee of $75 per family must accompany application. If accepted, a contract will be prepared for signing.**

Toddler (12 -36 Months Old)

□ Half-day Toddler: 8:30 am-12:00 pm
□ 5 days a week □ 3 days a week □ 2 days a week

□ Full-day Toddler: 8:30 am-3:00 pm
□ 5 days a week □ 3 days a week □ 2 days a week

Primary 3-6 Years Old (5 days a week)

□ Half-day: 8:30 am-12:00 pm
□ Full-day: 8:30 am-3:00 pm

Kindergarten & Elementary (1st-6th Grade)

□ Kindergarten: 8:30 am-3:00 pm
□ Elementary: 8:30 am-3:00 pm

EXTENDED CARE □ Yes, I desire extended care

Mornings 7:30-8:30 Drop off time: _____ **Afternoons** 3:00-5:30 Pick up time:_____

If your child is **under** age 4 at the start of the school year, do you want them to nap in the afternoon? □ Yes □ No

Record of previous school(s) or daycare(s) attended. If your child has attended another school or daycare, transcripts and/or school progress reports are required. Reports of any educational or psychological tests given within the last 3 years should be included. Schools previously attended (indicate school now attending, if any):

School/Daycare	Dates Attended	Address	Phone #

Please let us know any pertinent medical facts (such as allergies, potential communicable diseases, physical impairments, treatment for emotional concerns or special disabilities), and information involving adoption, divorce, or family relocation.

_____

_____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

□ Mr. □ Mrs. □ Ms. □ Dr. □ Other_____

_____

Last Name **First Name** **Middle**

Address (if different from child's)_____

City State Zip

Employer_____

Email_____ Cell Phone_____ Work Phone _____

Parent/Guardian 2

□ Mr. □ Mrs. □ Ms. □ Dr. □ Other_____

_____

Last Name **First Name** **Middle**

Address (if different from child's) _____

City State Zip

Employer_____

Email_____ Cell Phone_____ Work Phone _____

Parents/Guardians are: □ Married □ Separated □ Divorced □ Single □ Widowed □ Deceased
Student resides with: □ Both Parents □ Mother □ Father □ Guardian(s)
Other adults (i.e. stepparents, grandparents) with whom the child lives:

Name_____Relationship_____

Name_____Relationship_____

A copy of any legal arrangements concerning the student should be submitted with this application. GMS will distribute all pertinent documents (i.e., progress reports, financial statements, etc.) to all legal guardians (as specified on this application) unless legal documentation specifies otherwise.

Financial Responsibility
A limited number of scholarships for qualified applicants may be awarded for each school year. Please check here for information. □ Financial responsibility for the student's tuition will be assumed by (please provide name and address if not parent/guardian: □ I receive Title XX and or CCIS

In signing this application, I understand that it authorizes Grace Montessori School to investigate my child's academic record and to secure other pertinent information necessary to reach an admission decision. I also voluntarily waive the right of access to all information and materials of any kind received by the School from any source in connection with the application. I understand that misrepresenting or withholding information may jeopardize admission or enrollment to Grace Montessori School. I agree and understand that GMS is mandated by law to report any suspected child abuse. My signature below indicates that all the information provided on this application is correct, complete and honestly presented.

_____

Signature of Parent/Guardian **Date**

[For Office Use Only] Date Application & Fee Rec'd_____
Student Visit Date _____Faculty _____ Date accepted _____
Date contract sent _____ Start date _____ Placement _____