

# Montessori Giving Tree Application for Admission

*Child's Name:* \_\_\_\_\_ *DOB:* \_\_\_\_\_

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

*Home Phone #:* \_\_\_\_\_ *Sex:* M F

*Child Lives with:* ( ) Mother ( ) Father ( ) Grandparents  
( ) Stepmother ( ) Stepfather ( ) Other \_\_\_\_\_

*Mother's Name:* \_\_\_\_\_ *Cell #* \_\_\_\_\_

*Address if different from child:* \_\_\_\_\_

*Employer's Name & Address:* \_\_\_\_\_

*Position Held:* \_\_\_\_\_ *Work #* \_\_\_\_\_

*E-Mail address:* \_\_\_\_\_

*Father's Name:* \_\_\_\_\_ *Cell #* \_\_\_\_\_

*Address if different from child:* \_\_\_\_\_

*Employer's Name & Address:* \_\_\_\_\_

*Position Held:* \_\_\_\_\_ *Work #* \_\_\_\_\_

*E-Mail address:* \_\_\_\_\_

*Name/Ages of siblings:* \_\_\_\_\_

*Previous School Experiences:* \_\_\_\_\_

*How did you learn about this School?* \_\_\_\_\_

*My child will attend:*

( ) 5 days a week ( ) 3 days a week ( ) 2 days a week

*In the following program:*

( ) Half day A.M. 9:00-11:20 ( ) Full day 9:00 to 3:20 ( ) Extended day 7:30 to 5:30

**\*\*Mornings only available in the 5 day\*\***

*Will your child be napping at school?* Y N

*Has the child had the chicken pox/vaccine?* Y N (if no, a Health Dept. waiver must be on file)

Child's Name: \_\_\_\_\_

Medication(s) being taken ( Names and Purpose) \_\_\_\_\_

Any other circumstances we should be aware of? \_\_\_\_\_

List any food allergies and/or food which should not be eaten: \_\_\_\_\_

### **Release and Statements of Agreements**

#### **Medicine Release for Montessori Giving Tree (M.G.T.) students**

I hereby request the M.G.T. and it's employees and/or administrator, to administer medicine to my child \_\_\_\_\_. I understand that I must provide all medicine in its original container with the child's name clearly visible on the container. It is also my responsibility to sign the medicine permission sheet with time and dosage to be given. I release M.G.T. and it's staff from all legal responsibilities associated with the administering of medication to my child.

#### **Lunch Agreement**

I agree to take responsibility of providing a nutritious lunch for my child, which will be packed in either s lunch box or bag, clearly marked with his/her full name. I understand the M.G.T. does NOT have a hot lunch program or refrigeration available, M.G.T. will provide a morning and afternoon snack for my child.

#### **Extra Item Agreement**

I will also be responsible for bringing a change of clothes which will remain in my child's back pack in case of spills or accidents. This change of clothes will be there daily and have my child's name clearly labeled in it. If my child will be napping, I will also send a small pillow and blanket or roll up type sleeping mat/blanket combo in a labeled durable bag, for naptime that will be taken home on Friday or my child's last day of attendance for the week to be laundered.

#### **Payment agreement**

I understand that children are enrolled for the full school year or portion remaining, and that my agreement to pay tuition for the full period of enrollment is not subject to adjustment because of illness or absence. I agree to pay, when applicable, other fees. These include registration or re-enrollment fees, hourly daycare charges, late payment fees, or NSF fees. I also agree to participate in the schools 2 annual fundraisers or pay a buyout fee if I wish not to do so. I understand that my child may be denied admission to school if tuition or fees are not paid in a timely manner.

#### **Registration Fee**

A \$75.00 registration fee is required for new and returning students and must accompany this form to guarantee enrollment. Registration fees are non-refundable.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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