



AMARE
MONTESSORI

Application For Enrollment

Student Name _____ DOB: _____

School Year: ___ 2017-2018 ___ 2018-2019 ___ 2019-2020

TODDLER (18 months - age 3)

Dismissal: ___ 12:00 ___ 3:00 ___ 4:30 ___ 5:15

PRIMARY (3 - 6 years; includes Kindergarten)

Dismissal: ___ 12:00 ___ 3:00 ___ 4:30 ___ 5:15

ELEMENTARY (Levels 1-6)

Dismissal: ___ 3:15 ___ 4:30 ___ 5:15

Application Fees:

- Original Application \$75
- New Student enrollment fee \$200
(Due at time of acceptance)

Desired Start Date: _____

Referred by: _____

Preferred Email: _____

Why are you choosing Montessori education for your child?

Student Information

_____ DOB __/__/____
Full Name Name Called
Age _____ Gender _____ Hand Dominance _____ Grade Completed _____

Street address Religions Affiliation (Optional)
City State Zip Home Telephone
Previous schools/preschools applicant attended: _____

Parent or Guardian Information

Parent/Guardian Full Name Relationship to Child
Home address City State Zip Code
Home Phone Cell Phone Email address
Occupation and Title Employer
Business Phone Educational Background

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Parent/Guardian Full Name Relationship to Child
Home address City State Zip Code
Home Phone Cell Phone Email address
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If the parents live separately or are divorced please advise us:

Who has legal custody of this child? _____
To whom should admissions correspondence be sent? _____
Who is financially responsible for this child? _____
Does your child live in more than one household? _____

Who lives in your child's village? List anyone living in the home other than immediate family. _____

Names & ages of siblings: _____
Schools siblings attend: _____

Emergency & Authorized Pick-Up Persons (Must list two contacts other than parent/guardian.)

1. _____
Name *Relationship to Child*

Home phone *Cell phone* *Work phone* *Ext*

2. _____
Name *Relationship to Child*

Home phone *Cell phone* *Work phone* *Ext*

3. _____
Name *Relationship to Child*

Home phone *Cell phone* *Work phone* *Ext*

Photo Release Permission

Photographs of children are used for marketing the school and highlighting the high quality of students at Amare Montessori. Students are never identified in photos for print or on the website. Uses may include, but are not limited to, Amare Montessori brochures, advertisements, local news media, video, and the website at www.amaremontessori.org.

Signature Required:

YES, I give permission for Amare Montessori to use my child's photograph (or my family's photo) if photographed at an Amare Montessori social event or in the classroom.

Signature *Date*

NO, do not use my child's or family's photograph.

Signature *Date*

Applicants Medical Information

Pediatrician Name _____ Pediatric Group _____

Street Address _____ City _____ State _____ Phone _____

Special Needs/Medications:

Allergies: *(Describe all of your child's allergies)*

Allergy:

Circle One: Route: Topical Ingested Airborne Severity: Mild Moderate Severe Life-Threatening

Prevention:

Medical Response:

Allergy:

Circle One: Route: Topical Ingested Airborne Severity: Mild Moderate Severe Life-Threatening

Prevention:

Medical Response:

Allergy:

Circle One: Route: Topical Ingested Airborne Severity: Mild Moderate Severe Life-Threatening

Prevention:

Medical Response:

Signature Required:

I authorize Emergency Medical Care.

Signature

Date

Parent Questionnaire

Please take a few minutes to tell us more about your child and yourself.

Child's Name _____ DOB: _____ Date: _____

1. Which public school is your child zoned for? _____

2. Has your child attended a day care center, preschool or other school? _____

If yes, where? _____

3. Was it a positive or negative experience for your child? (Please explain.) _____

4. Has your child attended a Montessori School in the past? If so, please list the dates attended

5. Why do you feel Amare is a good match for your child and your family? _____

6. How do you envision your role in your child's education? _____

7. Describe your child's current social behaviors:

A. With other children in the family. _____

B. In play groups. _____

8. What are your child's behavioral/social or cognitive **strong points**? _____

9. What are your child's behavioral/social or cognitive **challenges**? _____

10. What are your child's interests and favorite activities away from school? _____

11. What does your child most enjoy in individual play/down time? _____

12. What are your child's special interests and inclinations? _____

13. How do you discipline your child? _____

14. Do you have ground rules at home that he/she must adhere to? What are they? _____

15. Does your child have responsibilities within your home? Explain them. _____

16. Describe a significant milestone that your child has met within the last six months. _____

17. How many hours does your child sleep within a 24-hour period? For younger children, please include details regarding napping.

18. Describe your child's eating habits. _____

19. How does your child typically express his/her needs and feelings? _____

20. Describe what activities your family does together: _____

21. How do you spend time specifically and exclusively with your child? _____

22. Are you willing to further educate yourself about Montessori Education? _____
23. Do you have any specific academic or social goals for your child during the years they attend Amare Montessori?

24. How many languages are spoken in your home?

- What is your native language? _____
25. Who has been your child's primary care giver from birth to present? _____

26. Does your child have any problems with separation? _____
29. **(Toddler and Primary Only)** Is your child toilet trained? _____
How often does your child have an accident? _____
Does your child stay dry during the night? _____
Is your child able to clean him/herself after toileting? _____
30. Do you allow your child to use a computer or play video games? _____
If so, which programs, software or games? _____
31. Do you allow your child to watch television/movies? _____ How many hours per day? _____
Which programs? _____

32. As of today, what do you predict your child's last year at Amare Montessori to be?
_____ After Kindergarten (3rd year of Primary)
_____ After Lower Elementary (1st – 3rd grade)
_____ After Upper Elementary (4th – 6th grade)
_____ We hope Amare chooses to go beyond 6th grade

33. Clarksville has a large transient population because it is a military/university town. How long do you anticipate family being in the Clarksville area? _____

(Your answer has ABSOLUTELY NO EFFECT on your child's enrollment, education, care, tuition, services, etc. at Amare Montessori)

34. In the past two years, has your family experienced any significant changes that may have affected your child? Examples might include: illness, death, relocation, or changes in finances or family composition. If yes, please explain.

35. To what other schools is your child applying? _____

36. Describe your child's previous educational experiences. What were the positive aspects and what were the challenges?

37. Has your child ever been accelerated, held back, or dismissed by a school? If yes, please explain.

38. Has your child ever gone under diagnostic or evaluative testing for learning differences or psychological or psychiatric concerns, either in the school or outside the school? If yes, please explain.

39. Has your child had any academic challenges that require tutoring or remedial assistance? If yes, please explain.

"We believe that joyful, self-confident, well-educated children become
joyful, self-confident, intelligent adults
who are naturally empowered and inspired
to create a better life and a better world."

Maria Montessori

Enrollment Agreement

The application, application fee, enrollment fee, and the signature at the bottom of this agreement reserves a space for the applicant and by signing this agreement, **I am committing to paying tuition for the entire school year.**

To withdraw my child before July 1, 2017 I must submit a letter to the Head of School no later than June 30, 2017 requesting to be released from the year's contract. This request must be accompanied by a termination fee of \$100. Records will be released after the termination fee has been paid. If a family wishes to withdraw after July 1 but before the first day of school, tuition for August will still be owed.

After June 30, 2017 to be released from this contract, I must give a full calendar month notice of intent to withdraw or I will owe the tuition for the following month. For example, if on March 1 you notify the school in writing that the last day of attendance will be March 31, no tuition will be due beyond March. If notice is given on March 15 then the full tuition payment for April must be paid. All tuition payments are due on the 1st day of the month and are considered late if received after the 4th of each month. A late fee of \$25 will be applied to accounts with outstanding balances each month.

Our annual commitment to Amare Montessori includes participation in parent information meetings, classroom observations and parent teacher conferences. Additionally, the annual commitment includes understanding and using key Montessori concepts such as freedom within limits, any unnecessary help is a hindrance, and respect for the work of the child; arriving and departing school on time daily; understanding and providing for children's sleep and nutrition requirements; and paying on time.

Amare Montessori reserves the right to suspend, dismiss, or ask for the immediate withdrawal of any student at any time if, at the sole discretion of Amare Montessori's Head of School, a student's work, progress, conduct, or influence (on or off campus) falls below acceptable educational or social standards. Each student's enrollment is subject to the rules and policies of Amare Montessori, as interpreted by the Head of School.

Amare Montessori is a not-for-profit school that practices a non-discriminatory policy and accepts all qualified students without regard to race, color, or national origin.

The contract is valid when an applicant completes a successful interview and pays the enrollment fee. *Parent agrees to submit the Tennessee School Immunization Certificate and any required records from the child's previous school, if applicable.*

Signature of parent or guardian
(Both parents/guardians must sign)

Signature of parent or guardian
(Both parents/guardians must sign)

PRINT NAME

PRINT NAME

Date Signed (MM/DD/YYYY)

Date Signed (MM/DD/YYYY)

This agreement expires 30 days after Amare Montessori receives written withdrawal notification.

For Office Use Only

Entry Date: ____/____/____

Interview/Visit dates: _____

Interviewed by: _____

Health Form _____ Room # _____

Fees paid: App _____ Ck# _____ Date ____/____/____

Reg _____ Ck# _____ Date ____/____/____