



AMARE  
MONTESSORI

# Application For Enrollment

**Student Name** \_\_\_\_\_ **DOB:** \_\_\_\_\_

School Year: \_\_\_ 2018-2019 \_\_\_ 2019-2020 \_\_\_ 2020-2021

**TODDLER** (18 months - age 3)

Dismissal: \_\_\_ 11:45 \_\_\_ 3:15 \_\_\_ 4:30 \_\_\_ 5:15

**PRIMARY** (3 - 6 years; includes Kindergarten)

Dismissal: \_\_\_ 11:45 \_\_\_ 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?**

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## Student Information

_____	_____	DOB	__/__/__
<i>Full Name</i>		<i>Name Called</i>	
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 _____		

## 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 _____		

### 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*

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

2. \_\_\_\_\_  
*Name* *Relationship to Child*

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

3. \_\_\_\_\_  
*Name* *Relationship to Child*

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*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](http://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

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Pediatrician Name \_\_\_\_\_ Pediatric Group \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Special Needs/Medications:

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

Allergy:

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

Prevention:

Medical Response:

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Allergy:

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

Prevention:

Medical Response:

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Allergy:

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

Prevention:

Medical Response:

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## Signature Required:

I authorize Emergency Medical Care.

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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. Please list other schools, preschools or daycares that your child has attended and the dates they attended.

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

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4. Why do you feel Amare is a good match for your child and your family? \_\_\_\_\_

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5. How do you envision your role in your child's education? \_\_\_\_\_

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6. Describe your child's current social behaviors:

A. With other children in the family. \_\_\_\_\_

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B. In play groups. \_\_\_\_\_

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7. What are your child's behavioral/social or cognitive **strong points**? \_\_\_\_\_

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8. What are your child's behavioral/social or cognitive **challenges**? \_\_\_\_\_

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9. What are your child's interests and favorite activities away from school? \_\_\_\_\_  
\_\_\_\_\_
10. What does your child most enjoy in individual play/down time? \_\_\_\_\_  
\_\_\_\_\_
11. What are your child's special interests and inclinations? \_\_\_\_\_  
\_\_\_\_\_
12. How do you discipline your child? \_\_\_\_\_  
\_\_\_\_\_
13. What ground rules do you have at home that your child must adhere to? \_\_\_\_\_  
\_\_\_\_\_
14. What responsibilities does your child have within your home? \_\_\_\_\_  
\_\_\_\_\_
15. Describe a significant milestone that your child has met within the last six months. \_\_\_\_\_  
\_\_\_\_\_
16. How many hours does your child sleep within a 24-hour period? For younger children, please include details regarding napping.  
\_\_\_\_\_  
\_\_\_\_\_
17. Describe your child's eating habits. \_\_\_\_\_  
\_\_\_\_\_
18. How does your child typically express his/her needs and feelings? \_\_\_\_\_  
\_\_\_\_\_

19. Describe what activities your family does together: \_\_\_\_\_  
\_\_\_\_\_
20. How do you spend time specifically and exclusively with your child? \_\_\_\_\_  
\_\_\_\_\_
21. How are you willing to further educate yourself about Montessori Education? \_\_\_\_\_  
\_\_\_\_\_
22. Do you have any specific academic or social goals for your child during the years they attend Amare Montessori?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
23. What languages are spoken in your home?  
\_\_\_\_\_
24. What is your native language? \_\_\_\_\_
25. Who has been your child's primary care giver from birth to present? \_\_\_\_\_
26. Describe what it is like for your child to separate from you? \_\_\_\_\_  
\_\_\_\_\_
27. **(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? \_\_\_\_\_
28. Do you allow your child to use a computer or play video games? \_\_\_\_\_
29. If so, which programs, software or games? \_\_\_\_\_
30. Do you allow your child to watch television/movies? \_\_\_\_\_ How many hours per day? \_\_\_\_\_
31. Which programs? \_\_\_\_\_  
\_\_\_\_\_
32. As of today, what do you predict your child's last year at Amare Montessori to be?  
\_\_\_\_ After Kindergarten (3<sup>rd</sup> year of Primary)  
\_\_\_\_ After Lower Elementary (1<sup>st</sup> – 3<sup>rd</sup> grade)  
\_\_\_\_ After Upper Elementary (4<sup>th</sup> – 6<sup>th</sup> grade)  
\_\_\_\_ We hope Amare chooses to go beyond 6<sup>th</sup> 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.

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35. To what other schools is your child applying? \_\_\_\_\_

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

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37. 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.

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

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*"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 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*

Received Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interview/Visit dates: \_\_\_\_\_

Health Form \_\_\_\_\_ Room: \_\_\_\_\_

App \_\_\_\_\_ Ck# \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

En \_\_\_\_\_ Ck# \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_