



# Application For Enrollment 2018-2019

Admission • Re-registration • Enrollment Agreement

Student Name: \_\_\_\_\_

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

### TODDLER (18 months - age 3)

\_\_\_ 5 Days

\_\_\_ 4 Consecutive Days: \_\_\_ M - Th

\_\_\_ T - F

Dismissal: \_\_\_ 12:00 \_\_\_ 3:00

\_\_\_ 4:30 \_\_\_ 6:00

### Application Fees:

- Original Application \$150
- New Student Registration \$300
- Current Student Re-registration \$150  
(If paid by February 16; \$300 after February 16)

### ELEMENTARY/MIDDLE SCHOOL (Level 1-8)

Dismissal: \_\_\_ 3:00 \_\_\_ 4:30 \_\_\_ 6:00

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

Dismissal: \_\_\_ 12:00 \_\_\_ 3:00 \_\_\_ 4:30 \_\_\_ 6:00

DESIRED START DATE: \_\_\_\_\_

Referred by: \_\_\_\_\_

\*\*A completed Parent Questionnaire is required to process the application. It may be completed online: [maquestionnaire.com](http://maquestionnaire.com) or you may request a hardcopy from the Admin. Office.\*\*

### For Office Use Only

Questionnaire Received: \_\_\_\_\_

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

Reg \_\_\_ Ck# \_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Room # \_\_\_\_\_

Fees paid: App \_\_\_ Ck# \_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Interviewed by: \_\_\_\_\_

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

Entry Date: \_\_\_ / \_\_\_ / \_\_\_

**Application:**

Name \_\_\_\_\_  
*Last First Middle Name Called*

DOB \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_\_ Level: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Completed \_\_\_\_\_

\_\_\_\_\_ Hand Dominance: \_\_\_\_\_  
*Street address*

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Telephone \_\_\_\_\_

**Parent(s) or Guardian(s) with whom child lives:**

Mother  Father

Mother  Father

\_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_ Ext \_\_\_\_\_

\_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Ext \_\_\_\_\_

\_\_\_\_\_ Employment \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ Employment \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ Educational Background \_\_\_\_\_

\_\_\_\_\_ Educational Background \_\_\_\_\_

**Email Address - Required**

**Email Address - Required**

Names & ages of siblings: \_\_\_\_\_

Schools siblings attend: \_\_\_\_\_

**If Divorced or Separated**

\_\_\_\_\_ Mother/Father \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

\_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_ Ext \_\_\_\_\_

AUTHORIZED TO PICK UP CHILD? \_\_\_ YES \_\_\_ NO

## Emergency & Authorized Pick-Up Persons

---

#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*

---

### Applicant's Medical Information

---

Pediatrician Name *Pediatric Group*

---

Street Address *Phone*

Allergies (bee stings, food, environmental, etc.) \_\_\_\_\_

Special Needs/Medications: \_\_\_\_\_

**Signature Required:**

I authorize Emergency Medical Care \_\_\_\_\_  
*Signature* *Date*

---

### Photo Release Permission

Photographs of children are used for marketing the school and highlighting the high quality of students at Montessori Academy. Students are never identified in photos for print or on the website. Uses may include, but are not limited to, Montessori Academy brochures, advertisements, local news media, video, and the website at [www.montessoriacad.org](http://www.montessoriacad.org).

**Signature Required:**

**YES, I give permission** for Montessori Academy to use my child's photograph (or my family's photo) if photographed at a Montessori Academy social event or in the classroom. \_\_\_\_\_  
*Signature* *Date*

**NO, Do not use** my child's or family's photograph. \_\_\_\_\_  
*Signature* *Date*

## Enrollment Agreement:

The application, application fee, registration 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, of the current year, I must submit a letter to the applicable director no later than June 30, of the current year (see date at bottom of page), 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.

To be released from this contract, if I move outside a 50-mile radius of Montessori Academy, 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.

Our annual commitment to Montessori Academy includes participation in parent volunteer leadership for the classroom and community.

Montessori Academy reserves the right to suspend, dismiss, or ask for the immediate withdrawal of any student at any time if, at the sole discretion of Montessori Academy'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 Montessori Academy, as interpreted by the Head of School.

Montessori Academy 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 registration 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)