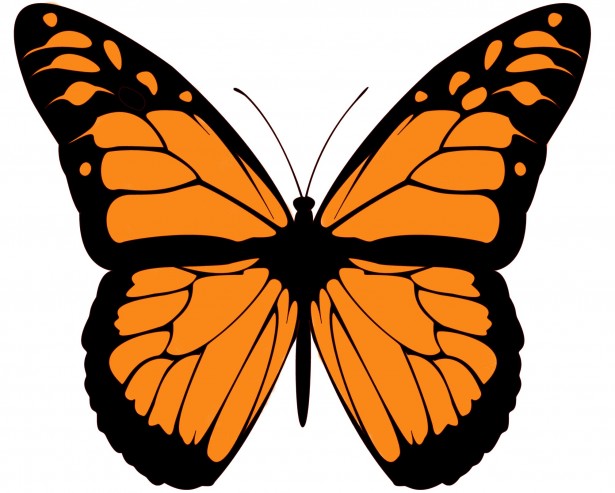
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**Monarch Montessori School**

**Application for Admission**

***Office Use Only:***

**Waitlist Fee ($50) \_\_\_\_\_\_\_ Medical & Emergency Forms \_\_\_\_\_\_\_**

**Client Agreement \_\_\_\_\_\_\_ Report Cards (K-3) \_\_\_\_\_\_**

**Registration Fee ($600) \_\_\_\_\_\_ Birth Certificate \_\_\_\_\_\_\_**

**1st Month’s Tuition Payment\_\_\_\_\_\_ Annual Activity Fee ($125) \_\_\_\_\_\_**

**Insurance Fee ($120) \_\_\_\_\_\_**

***Parents, the section above is for office use only.* All items must be present in order to complete the admissions process. Please fill out the application below. If you would like to admit more than one child to our program, you must fill out an application for each child. The application has 3 sections. Please complete each section and return via email to the office at monarchmontessoridirector@gmail.com.**

**Your privacy is important to us. Your information will be added to our school’s secure database.**

1. CONTACT INFO

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB:** \_\_\_\_\_\_\_\_\_\_ **Age at Admittance:** \_\_\_\_\_\_\_\_\_\_\_ **Requested Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages Spoken at Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings Enrolling at Monarch Montessori School? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

If yes, name(s) of sibling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you divorced? If so, does one parent have primary custody? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_

Which parent will be the primary pick-up and drop-off person? **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. PROGRAM

Monarch Montessori School offers 2 programs. Please choose the program you are applying for:

**PRESCHOOL (6 weeks to 5 years of age)**

Full Day \_\_\_\_\_\_\_\_

Half Day \_\_\_\_\_\_\_\_

Intermittent or Short-Term Care \_\_\_\_\_\_\_\_\_\_\_

**K-3 (6-8 years of age)**

Full Day \_\_\_\_\_\_\_\_

Half Day\_\_\_\_\_\_\_\_

Intermittent or Short-Term Care \_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Monarch Montessori does NOT offer a half-day program for children aged 6 weeks -2 years. A child must be 3 years old at the time of enrollment in order to qualify for our half day program.**

1. QUESTIONS

**We ask that you answer the following questions about your child. Please print legibly.**

1. **Does your child have any physical or mental health conditions?**
2. **Does your child take any medications on a daily basis?**

1. **Has your child had any prior school experience? If so, where?**

1. **Has your child undergone any academic, diagnostic, psychological or other testing?**
2. **Is your child currently working with a speech pathologist or other therapist during the school day?**
3. **Pre-K parents, has your child spent any time away from you?**
4. **What are your child’s sleep habits? Does your child sleep at night? Does he/she take naps?**
5. **Pre-K parents, is your child potty trained? YES or NO?**
6. **We will offer catered meals beginning in 2023. What are your child’s eating habits? Preferences? Food allergies?**
7. **We advocate parent involvement. Would you be willing to come to school and do an activity with your child’s class? (cooking, art project, reading a book or anything else?)**

1. **What activities does your child like to do?**
2. **How did you learn about our school?**
3. **Does your child have siblings?**

**Thank You!**

**Monarch Montessori School is a for profit, independent school with no religious affiliation, admitting applicants of any race, color, religion, sexual orientation or national or ethnic origin to all the rights, privileges, programs generally accorded or made available to students at the school. Monarch Montessori School does not discriminate on the basis of race, color, religion, sexual orientation or national and ethnic origin in the administration of its educational policies, admissions policies and other school-related programs.**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**