



APPLICATION FOR ENROLLMENT

APPLICANT INFORMATION

Child's Name _____
Last Name First Name Middle

Male Female Date of Birth: _____

Home Address: _____ Home Phone Number: () _____

City State Zip Code

School District County

EDUCATION PROGRAMS: Programs run Monday through Friday, September through mid-June. Summer Camp sessions at added costs are available.

Toddler (18 -36 Month Old)

- Half-day Toddler: 8:30 am-12:00 pm
 - 5 days a week 3 days a week 2 days a week
- Full-day Toddler: 8:30 am-3:00 pm
 - 5 days a week 3 days a week 2 days a week

Elementary (1st-5th Grade)

- Elementary: 8:30 am-3:00 pm (5 days only)

Primary 3-6 Year Olds

- Half-day Primary: 8:30 am-12:00 pm (5 days only)
- Full-day Primary: 8:30 am-3:00 pm (5 days only)
- Full-day Kindergarten: 8:30 am-3:00 pm (5 days only)

Gap Week – August 26th – 30th

- Gap week

EXTENDED CARE (Mornings): All Ages

7:30-8:30 am
 Yes, I desire extended care:

Drop off time: _____

EXTENDED CARE (Afternoons) All Ages

3:00-5:30 pm
 Yes, I desire extended care:

Pick up time: _____

If your child is **under** age 4 at the start of the school year, do you want them to nap in the afternoon? Yes No

A non-refundable re-enrollment fee of \$50 per family must accompany application due by March 15 (for discount).
If the application is accepted, a contract will be prepared for signing. Please note that previous enrollment does not guarantee acceptance for enrollment in subsequent years.

Signature of Parent/Guardian Date (please complete side 2)

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Mr. Mrs. Ms. Dr. Other _____

Last Name	First Name	Middle
Address (if different from child's) _____		
	City	State Zip
Employer _____		Business Phone _____
Email _____	Cell Phone _____	Other Phone _____

Parent/Guardian 2

Mr. Mrs. Ms. Dr. Other _____

Last Name	First Name	Middle
Address (if different from child's) _____		
	City	State Zip
Employer _____		Business Phone _____
Email _____	Cell Phone _____	Other Phone _____

Parents/Guardians are: Married Separated Divorced Single Widowed Deceased

Student resides with: Both Parents Mother Father Guardian(s)

Other adults (i.e. stepparents, grandparents) with whom the child lives:

Name _____ Relationship _____

Name _____ Relationship _____

A copy of any legal arrangements concerning the student should be submitted with this application. GMS will distribute all pertinent documents (i.e., progress reports, financial statements, etc.) to all legal guardians (as specified on this application) unless legal documentation specifies otherwise.

Please let us know any pertinent medical facts (such as allergies, potential communicable diseases, physical impairments, treatment for emotional concerns or special disabilities), and information involving adoption, divorce, or family relocation.

Financial Responsibility

A limited number of scholarships for qualified applicants are awarded for each school year. Please check here for information. Financial responsibility for the student's tuition will be assumed by (please provide name and address if not parent/guardian): _____

Grace Montessori School admits students of any race, color, religion, nation and ethnic origin to all rights, privileges, programs, and activities generally accorded to students of the school. We do not discriminate on the basis of race, color, religion, or ethnic origin in the administration of our educational policies, admissions, scholarship and other school administrated programs.