

Greenwood Montessori School

2020-21 Registration Application - Primary

(Please print legibly and be sure to include all requested information)

Child's Name: _____ DOB: _____ Date of Registration: _____

Does your child have any allergies? If yes, please list: _____

Address: _____

Parent(s)/Guardian(s) Name(s): _____ Telephone #s: _____

	Home	Work	Cell
	Home	Work	Cell

Parent(s)/Guardian(s) Email(s): _____

Email: _____ Email: _____

Would you like your information to be included in our Family Directory: (circle one): Yes No List only: _____

Please tell us how you heard about us: Friend Drive-By Social Media/Internet Other _____

Program for which you are registering (please check one):

Program Schedule	For the academic year September-June			Monthly Payments		
	Daily Schedule (check one)	Annual Tuition	After Deposit	12-month payment schedule (July-June)	11-month payment schedule (August-June)	10-month payment schedule (Sept-June)
5-Day (Monday-Friday):	Half-Day 8:30-12:00	\$ 8,115.00	\$(7,615.00)*	\$634.58	\$692.27	\$761.50
	w/Lunch 8:30-1:00	\$ 8,965.00	\$(8,465.00)*	\$705.42	\$769.55	\$846.50
	Full-Day 8:30-3:00	\$10,185.00	\$(9,685.00)*	\$807.08	\$880.45	\$968.50
3-Day (M/W/F):	Half-Day 8:30-12:00	\$ 6,175.00	\$(5,675.00)*	\$472.92	\$515.91	\$567.50
	w/Lunch 8:30-1:00	\$ 6,650.00	\$(6,150.00)*	\$512.50	\$559.09	\$615.00
	Full-Day 8:30-3:00	\$ 8,445.00	\$(7,945.00)*	\$662.08	\$722.27	\$794.50
2-Day (T/TH):	Half-Day 8:30-12:00	\$ 5,205.00	\$(4,705.00)*	\$392.08	\$427.73	\$470.50
	w/Lunch 8:30-1:00	\$ 5,555.00	\$(5,055.00)*	\$421.25	\$459.55	\$505.50
	Full-Day 8:30-3:00	\$ 6,785.00	\$(6,285.00)*	\$523.75	\$571.36	\$628.50

**The amounts in parenthesis above reflect the annual tuition after the \$500 deposit has been deducted; the monthly amounts reflect the payment schedule based on when registration occurs. Please refer to our Financial Policies for details regarding the Deposit, Fees and Payment Options. One check, payable to Greenwood Montessori School, may be submitted with this Registration Application to include the \$50 Registration Fee, \$500 Deposit and \$200 GMS Fee. The Deposit, Registration/Re-Registration/Sibling Registration Fees, GMS Fees and any Tuition previously paid are forfeited by the family if a child is withdrawn or terminated at any time for any reason after registration or re-registration.*

Method of Tuition Payment (please refer to our Financial Policies for details to complete this section):

- Option A (Annual)
 Option B (Semi-Annual)
 Option C (Monthly)
- I/We wish to divide the GMS Fee equally among my/our payment installments.

For office use only

\$50 registration fee received
 \$200 GMS fee received
 \$200 GMS fee--installments
 \$500 deposit received

Check # _____ enrollment/physician forms forwarded on (indicate date) _____ Dismissal ID # _____

Date received _____ contract forwarded (indicate date) _____ _____ cubby _____ mailed

Added to: class list allergy/photo lists dismissal ID list attendance sign-in sheets email list(s) family directory

Please Tell Us About Your Child

Was your child's birth experience: typical premature complications If birth experience was other than typical, please explain:

Has your child ever been enrolled in a Montessori Program? Yes No

Has your child had experiences with other children outside of the home? Yes No

If yes, in what capacity? _____
(i.e., siblings, play group, day care, nursery school, other preschool experience, etc.)

If yes, how has your child related to other children? _____

Is your child excited about the prospect of going to school? Yes No Don't Know

How do you think your child will react to separating from you at drop-off time? _____

Does your child usually respond positively to direction and/or re-direction from adults? Yes No

If no, please explain: _____

What do you think is your child's: most favorable attribute? _____

least favorable attribute? _____

What activity(ies) does your child: most enjoy? _____

least enjoy: _____

In one or two words, please describe your child's personality: _____

Is your child fully toilet trained? If no, please indicate status: _____

Has your child ever seen a physician or other professional for evaluation in any area (i.e., speech, emotional or behavioral development, etc.)?

Yes No If yes, please explain: _____

Is there anything further about your child that you feel we should know? Yes No

If yes, please explain: _____

Please Tell Us About Yourself

Are you familiar with the Montessori Philosophy of early childhood education? Yes No

If yes, please describe your understanding of the Montessori Philosophy: _____

If no, please tell us what interests you about our School: _____

What are your goals for your child in applying for his/her admission to our School? _____

Do you believe that parents and teachers are partners in the educational process and that the program for which you are applying is part of that process? Yes No

Family Engagement

We believe that parents, caregivers and other family members are a vital part of our program and that without your participation and presence, your child's early childhood experience will not be maximized. We welcome and encourage parental involvement wherever and whenever possible. Please indicate below in which area(s) you would be interested in volunteering:

- | | | |
|--|---|---|
| <input type="checkbox"/> Field Trip Chaperone | <input type="checkbox"/> Website Maintenance/Internet Presence | <input type="checkbox"/> Lunch Volunteer (12:00-1:00) |
| <input type="checkbox"/> Playground/Facilities Maintenance | <input type="checkbox"/> Classroom Volunteering (storytelling, cooking, etc.) | <input type="checkbox"/> Parent Advisory Group member |
| <input type="checkbox"/> Other Area(s) of Interest (please describe) _____ | | |

Thank You for Your Registration Application

Please return the Application, along with the \$50 Registration Fee, \$500 Deposit and \$200 GMS Fee.

