

2011-2012 Application for Admission

751 N. Trezevant St., Memphis, TN 38112 • (901)324-4159 • Fax (901)324-4160 • www.evergreen-montessori.org • evergreenmontessori@juno.com

Applicant

APPLICANT'S NAME: _____

Preferred Name: _____
Last First Middle

Date of birth: ____ / ____ / ____ Gender: (please circle) M / F Home phone: _____

Mailing address: _____

City State Zip code

DATE OF APPLICATION: _____ School year applied for: _____

Please check the program and the hours you wish your child to attend school:

- | | |
|--|--|
| <input type="checkbox"/> Infant Community | <input type="checkbox"/> Mornings (8:30am – 12:00pm) <i>Infant and Primary only</i> |
| <input type="checkbox"/> Primary | <input type="checkbox"/> School Day (8:30am – 3:30pm) |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Extended Day (7:30am – 6:00pm) <i>Primary and Elementary only</i> |

I authorize Evergreen Montessori School to contact current and previous schools to obtain information to support my child's application. I will not seek access to confidential recommendations and/or evaluation materials provided by any source before or after admission.

PARENT / GUARDIAN SIGNATURE: _____ Date: _____

PARENT / GUARDIAN SIGNATURE: _____ Date: _____

See page 5 for a schedule of fees.

Family Information

NAME OF PARENT / GUARDIAN: _____ Relation to student: _____

Home address: _____

(circle one) (circle one)
 Phone #1: cell / home / work _____ Phone #2: cell / home / work _____

Employer: _____ Position: _____ Email: _____

NAME OF PARENT / GUARDIAN: _____ Relation to student: _____

Home address: _____

(circle one) (circle one)
 Phone #1: cell / home / work _____ Phone #2: cell / home / work _____

Employer: _____ Position: _____ Email: _____

NAME OF PARENT / GUARDIAN: _____ Relation to student: _____

Home address: _____

(circle one) (circle one)
 Phone #1: cell / home / work _____ Phone #2: cell / home / work _____

Employer: _____ Position: _____ Email: _____

SIBLINGS

Name: _____ Age: _____ School: _____

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Name: _____ Age: _____ School: _____

Living Arrangements

With which of the adults listed on the first pages does the child live? (Please list all who apply) _____

Please list any other person's residing in the household: _____

Please indicate current status for each parent: (e.g. married, separated, divorced, having custody, remarried, deceased)

If both parents regularly work outside the home, who stays with the child and when? _____

Which languages other than English are spoken at home? _____

To what extent? _____

Please list any addresses (other than that of the student's custodial parent) to which school information / reports are to be mailed. _____

Party responsible for payment: _____

Scholastic

How did you hear about Evergreen Montessori School? _____

To which other schools are you applying? _____

Which previous schools has your child attended and for what length of time?

<u>School</u>	<u>Dates attended</u>
_____	_____
_____	_____
_____	_____
_____	_____

Understanding an applicant's background helps us to make informed and appropriate decisions. Has the applicant ever been suspended, asked to withdraw, or been expelled from a previous school? Yes No
(If "Yes," please explain in an accompanying letter.)

Medical Information

If your child has special needs, please explain here what accommodations could be provided at Evergreen Montessori School to allow a fair evaluation for admission: _____

Has the student ever participated in psychological or educational assessment or counseling? If so, please share information about it to help us better understand your child's needs: _____

Does your child have any food allergies or dietary restrictions? If so, please explain: _____

Is your child toilet trained? _____

Does your child take a nap? If yes, how long / often? _____

Does your child have any special fears / habits? _____

Description of Applicant

What immediate goals do you have for your child's development – academic, social, emotional? Why would you like to enroll your child in a Montessori school? _____

Are there any activities that you would not feel comfortable with your child participating in? _____

I understand that my child will be using real materials in the classroom (glass, knives, iron, etc.). I understand that they are part of the curriculum and I give permission for my child to use them.

Yes No _____
Parent / Guardian Signature

My child has permission to go on all field trips arranged by the school. (You will receive prior notice to a planned field trip.)

Yes No _____
Parent / Guardian Signature

Comments: _____

ASSISTANCE TO INFANCY FEES

<u>Schedule</u> (5 days a week) Payment Due	<u>Yearly</u> 1 Payment August 1	<u>By Semester</u> 2 Payments Aug. & Jan. 1	<u>Quarterly</u> 4 payments Aug., Nov., Jan., & Mar. 1	<u>Monthly</u> 10 payments 1 st of every mo.
Mornings 8:30am to 12:00pm	\$5,175.00	\$2,730.00	\$1,365.00	\$575.00
Full Day 8:30am to 3:30pm	\$7,665.00	\$4,025.00	\$2,015.00	\$845.00

PRIMARY AND ELEMENTARY FEES

<u>Schedule</u> (5 days a week) Payment Due	<u>Yearly</u> 1 Payment August 1	<u>By Semester</u> 2 Payments Aug. & Jan. 1	<u>Quarterly</u> 4 payments Aug., Nov., Jan., & Mar. 1	<u>Monthly</u> 10 payments 1 st of every mo.
Mornings (Primary) 8:30am to 12:00pm	\$5,175.00	\$2,730.00	\$1,365.00	\$575.00
Full Day 8:30am to 3:30pm	\$6,300.00	\$3,310.00	\$1,655.00	\$695.00
Extended Day 7:30am to 6:00pm	\$8,280.00	\$4,370.00	\$2,185.00	\$920.00

ADDITIONAL FEES

Application and Registration Fees

Application and Registration Fees must accompany all applications for admission and are due August 1.

The Application and Registration Fees are non-refundable.

New students (Application Fee) \$300.00 for first child (\$50.00 for each additional child)

Returning students (Registration Fee) \$250.00 for first child (\$50.00 for each additional child)

I have read and understand the announced schedule of fees.

Parent / Guardian Signature

Date

Date: _____ Applicant's name: _____

Please initial the following statements and sign below.

_____ I agree to pay the tuition for the level in which my child is enrolled in accordance with the announced rates. I understand that my obligations to pay the charges is unconditional and that no portion of such charges paid or outstanding will be refunded or cancelled notwithstanding the subsequent absence, withdrawal or dismissal from Evergreen Montessori School of the above named student.

_____ Upon signing the Agreement, I agree to pay Evergreen Montessori School \$ _____ per (circle one) year / semester / quarter / month. I understand that this is a year contract for the 2011-2012 school year. I agree that in the event of default in the payment of any installment provided for in this contract, the above student may not be allowed to continue classes and that the undersigned will be responsible for all attorney's fees and costs of collection for any outstanding amounts due under this contract.

_____ I understand that tuition is due on the 1st of the month and is non-refundable. Payments received after the 3rd business day of the month include a 10% late fee charge. A \$30 charge will be added for all returned checks.

_____ It is expressly understood and agreed by and between the parties hereto that this Application and the Contract, the terms of which are hereby incorporated by reference, set forth all of the promises, agreements, conditions and understandings between Evergreen Montessori School, Inc. and the undersigned parent / guardian relative to the enrollment of the child or children listed on this Application and that there are no other promises, agreements, conditions or understandings, either oral or written, between them other than herein set forth. It is further understood and agreed that no subsequent alteration, amendment, change or addition to the Application shall be binding upon Evergreen Montessori School or the undersigned parent / guardian unless reduced to writing and signed by them, and by direct reference therein made a part thereof.

Agreement

Print name

Street Address

Signature

City, State, Zip Code

Parent / Guardian's SS# (Required if tuition is not paid in full)

Phone #1 cell / home / work
(circle one)

Phone #2 cell / home / work
(circle one)

I have received a copy of the school's policy statement / handbook.

Signature

Date: