

# APPLICATION FOR ADMISSION

Please print clearly and complete both sides of the application.

Date of Application:	Child's Name:			
Sex: Gender Identity:	Date of Birth:			
Parent Name:	Parent Name:			
Address:	Address:			
City, State, Zip:	City, State, Zip:			
Phone:	Phone:			
Email:	Email:			
Employer:	Employer:			
Assigned school district based on home address:				
Has your child attended a Montessori school? Yes No	If yes, where?			
If no, where did your child previously attend school?				
Reason for leaving previous school:				

## **Please select program:**

### **Toddler Program:**

- \_ 5 Half-Days per week (8:30am 11:30am)
- \_\_\_\_ 5 Full-Days per week (8:30am 3:30pm)

### 3-6 Program:

- \_\_\_\_ 5 Half-Days per week (8:30am 11:30am)
- \_ 5 Full-Days per week (8:30am 3:30pm) Nap: Yes/No

## \*<u>Note</u>: NOT currently accepting applications for this program.

### **Elementary and Middle School Programs:**

Lower Elementary (8:30am – 3:30pm) \*Prior Montessori experience required.

- \_\_\_\_ Upper Elementary (8:30am 3:30pm) \*Prior Montessori experience required.
- \_\_\_\_ Middle School (8:30am 3:30pm) \*Prior Montessori experience required.

## A NON-PROFIT CORPORATION

2900 Acosta Street, Kettering, OH 45420 P 937.293.8986 F 937.293.8996

Montessori School of Dayton is a dynamic environment for your child's school journey. One way for us to get to know your child and your family is for you to share with us some things that make your child so wonderful. Knowing these things can help us create a successful transition into their new school community.
What do you enjoy most about your child?
What is your greatest parenting challenge with your child?
What do you hope your child will gain as a student at Montessori School of Dayton?
<u>At what age did your child</u> :
Sleep through the night? Smile at others? Sit independently?
Did your child creep and crawl? Yes No If yes, at what age? Walk independently?
As an infant and/or toddler, did your child make eye contact easily? Yes No Use words with intention?
Give up bottle/nursing? Give up naps? Does your child co-sleep? Yes No
If applying for the 3-6 Program, is your child completely toilet trained? In-Process Completely toilet trained (no pull-ups)
Our goal is to provide the best possible educational environment. Information about developmental growth would assist us with providing best practice for your child. Please check all that apply to your child and elaborate if necessary.
Premature birth Surgeries Medical Sensory/Social/Attention Differences Help Me Grow I.E.P.
Allergies Speech Therapy Physical Therapy Occupational Therapy Other:

Montessori School of Dayton is committed to building a diverse faculty, staff and student body to reflect human diversity, and to improve opportunities for all. This commitment is both a moral imperative consistent with an intellectual community that celebrates individual differences and diversity, as well as a matter of law. Discrimination against any individual based upon protected status, which is defined as age, color, disability, gender identity or expression, national origin, race, religion, sex, sexual orientation, is prohibited. Equal access to admission, educational programs, scholarships/loans/fee waivers and all other school related activities is extended to all persons.

### **Administrative Information**

All applicants are given equal consideration. Students are not placed in classrooms until all required paperwork is received. We reserve the right to temporarily or permanently remove any child from a classroom if it is deemed necessary and in the best interest of the school and/or the child.

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## **Financial Responsibility Agreement**

If your child is accepted at Montessori School of Dayton, your child is enrolled for a full school year and **you are responsible for the entire tuition for the full school year.** You will be required to sign a Financial Responsibility Agreement for tuition and fees prior to the first day your child attends class. <u>Your agreement to pay tuition is not subject to adjustments due to Covid-19 related</u> circumstances including, but not limited to, mandated school closure resulting in remote learning, illnesses, absences, vacations or withdrawal for the next school year. In the event of a permanent family relocation out of the area during a school year, an exception to the above tuition payment policy will be considered.

I/We hereby request application for admission for our child to Montessori School of Dayton. Attached is a **non-refundable** application fee of \$100.00. **Payment must be in the form of a personal check, cashier's check or money order.** Insufficient funds will be assessed a \$25.00 fee. We do not accept credit cards for application fees. For safety and accounting purposes, cash is not accepted in the office.

Parent Signature	Date	Parent Signature	Date
OFFICE USE: Check #	\$	Administrative Initials	Date