

CHENAL VALLEY MONTESSORI SCHOOL
APPLICATION FOR ADMISSION
FALL 2009/2010

Session Desired:

Choose a class:

- Toddler Class
 Primary Class
 Elementary Class
 Middle School Class
 Resource Lab

Choose a format:

- Half Days (three days)
 Half Days (five days)
 Full Days (three days)
 Full Days (five days)
 Extended Care

*Please note half days are not available for elementary and middle school classes. Half day and full day classes for two or three days are only for the toddler class.

Application is hereby made for the admission of _____
As a student of CHENAL VALLEY MONTESSORI SCHOOL.

The following information is submitted as part of this application:

Today's Date _____

Child's name: _____

Name to be used at school: _____ Sex: _____ Age: _____

Date of Birth: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ is phone number unlisted? _____ if so, may we use it in the school roster? _____.

Has pupil attended any school previously? _____ If so, please give the name and address of the school _____

Father's Name (or Guardian's Name): _____

Father's Place of Employment: _____

Business Address: _____ Phone: _____

Mother's Name: _____

Mother's Place of Employment: _____

Business Address: _____ Phone: _____

Names and ages of brothers and sisters: _____

Names and Phone Numbers of Grandparents: _____

Religious Preference: _____

LIST INDIVIDUALS WHO HAVE PERMISSION TO PICK YOUR CHILD UP AT SCHOOL: _____ Phone: _____
_____ Phone: _____
_____ Phone: _____

Doctor: _____ Address: _____
Phone: _____
Dentist: _____ Address: _____
Phone: _____

In case of illness or emergency, whom do we contact if unable to reach the family?
Name: _____ Phone: _____

In case of emergency, may we transport your child to a doctor or a hospital? _____ If yes, please give name of hospital _____

Does your child have allergies or any specific medical condition? _____
If so, please list allergies and describe existing medical condition _____

A current immunization record must be submitted as soon as your child starts to school.

Parents who enroll their child in Chenal Valley Montessori School are responsible for the FULL SCHOOL YEAR TUITION. There are three options for paying: (1) pay the entire amount at registration, (2) pay half of the tuition on the first day of school and the second half in January or (3) pay in ten equal payments starting August first and last payment will be May first.

In consideration of the acceptance of my child as a student in the CHENAL VALLEY MONTESSORI SCHOOL, the undersigned agrees to indemnify CVMS, its directors, and employees against any claims and demands made by or on behalf of

(name of child)
Accepted _____, _____
(signature of administrator) (signature of Father)

(signature of Mother)