

APPLICATION FOR ADMISSION

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Full Name (first, middle, last) | | | | | | | Nickname | | | | | Today’s Date | |
|  | | | | | | |  | | | | |  | |
| Home Address | | | | | | | | | | Home Phone | | | |
| Street | |  | | | | | | | |  | | | |
| City | |  | | State |  | | | Zip Code | | |  | | |
| Sex | Male  Female | | Birthdate (mm/dd/yyyy) | | |  | | | Desired Start Date  (mm/dd/yyyy) | | | |  |
| Program Desired | | | | | | | | | | | | | |
| Part Day\* (8:00 – 12:00)  School Day (8:00 – 3:00)  School Day +1 (8:00 – 4:00)  Full Day (8:00 – 5:00)  Unsure  \*Part Day is only available to 3 year olds. Children must be 3, 4, or 5 by September 30 to enroll. All 3 age groups are eligible for the School Day and Full Day programs. All programs run five (5) days a week. | | | | | | | | | | | | | |

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| Father | Place of Employment | | Work Phone | | | Home Phone |
|  |  | |  | | |  |
| Address (if different to child) | | | Cell Phone | | | Email Address |
|  | | |  | | |  |
| Mother | Place of Employment | | Work Phone | | | Home Phone |
|  |  | |  | | |  |
| Address (if different to child) | | | Cell Phone | | | Email Address |
|  | | |  | | |  |
| Person(s) or Agency Having Legal Custody of Child (i.e. parents’ names) | | | | | | |
|  | | | | | | |
| Child’s General Health / Chronic Physical Problems / Pertinent Developmental Information / Special Accommodations Needed | | | | | | |
| Known Allergies | | | | | | |
| Siblings and Ages | | | | | | |
| Name of previous school or day care program, if any | | Dates Attended | | May we contact the center? | | |
|  | |  | | Yes  No | | |
| Name of additional program or school your child will attend concurrently with Shenandoah Montessori, if any | | | | | Grade or Class Level, if any | |
|  | | | | |  | |

**Non-Discrimination Policy:** Shenandoah Montessori School does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to creating a safe space, both emotionally and physically, for our students, staff, and parents. Bullying, racism, and language or behavior that is deemed harmful or threatening to others, will not be tolerated.

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| How would you describe your child’s personality and learning style? |
| What are your child’s special interests and talents? |
| Why did you choose Shenandoah Montessori School? |
| What are your educational goals for your child? |
| How do you discipline your child? |
| Please tell us about any special education, physical, or emotional needs of your child. |
| Please tell us anything else you’d like for us to know about your child or your family that you think would be helpful. |

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| --- | --- | --- |
| Father / Guardian (Print Name) | Signature | Date |
|  |  |  |
| Mother / Guardian (Print Name) | Signature | Date |
|  |  |  |

A $50, non-refundable Application Fee is required in order to complete the application. Upon receipt of a signed application *and* application fee, you will be contacted to set up a date for your child to visit the school and meet the teachers. At that time, if your child is offered enrollment at Shenandoah Montessori School, you will receive an Enrollment Packet and a classroom space will be held. Enrollment paperwork must be completed and returned within 14 days with a $200 non-refundable tuition deposit (applied to June tuition), to secure your child’s placement. A start date will be finalized at that time.

I / we have read and understand the application and enrollment process.

I am enclosing a check for $50, made payable to Shenandoah Montessori School (mail to address below or deliver in person)

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| info@shenandoahmontessori.com | Shenandoah Montessori School  2077 N. Frederick Pike  Winchester, VA 22603 | 540-888-6446 |