Montessori School of Central Marin

 **2019-2020 APPLICATION FOR ENROLLMENT**

317 Auburn Street, San Rafael, CA 94901 (415) 456-1748 Web: montessoricentralmarin.org

Director: Doris Barbieri

**I hereby request space for my child for the program specified below. I enclose a non-refundable application fee of $100 and a tuition deposit of $500, which will be applied to the last tuition payment for the 2019-20 school year.**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_

**PROGRAMS FOR THE 2019-2020 SCHOOL YEAR**

August 27, 2019 to June 5, 2020

Half Day (3 hours) 9:00 am – 12:00 pm 12:00 pm – 3:00 pm

Extended Day (6 hours) 9:00 am – 3:00pm 12:00 pm – 6:00 pm

Daycare □ 7:00 am – 6:00 pm

Number of Days Per Week □ 2 Days (T-Th) □ 3 Days (M-W-F) □ 5 Days

**When would you like your child to start at MSCM?**

 □ Fall Term (Aug 27th start) □ Spring Term (Jan 6th start) □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If we are unable to accommodate your child for the term and/or program you requested, would you like to remain on the waitlist until a space becomes available? Yes □ No □

I wish to pay tuition in: **□** 9 monthly installments (Sep – May) □ 1 installment (due Sept 1)

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be completed by Director: Date Received: \_\_\_\_\_\_\_\_ Deposit \_\_\_\_\_\_\_\_\_* *Enrollment Package □ Room No\_\_\_\_\_*

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Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Childcare History:**

Has your child attended a childcare environment out of your home? Yes □ No □

 Full time or part time? \_\_\_\_\_\_\_\_\_\_\_\_\_ How many children at program/care center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been in the care of a nanny or caretaker other than family before? Yes □ No □

**Nap Time:**

Does your child nap at home? Yes □ No □ If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if your child uses any of the following for comfort, while taking a nap?

 □ pacifier □ bottle □ sippy cup □ blanket □ lovey □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child napped away from home/parents before? Yes □ No □

**Lunch and Snack Time:**

Does your child have food allergies? Yes □ No □ Is this allergy life threatening? Yes □ No □

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any dietary restrictions? Yes □ No □

 Vegetarian? Yes □ No □ Vegan? Yes □ No □ □ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child use any of the following at meal time?

 Fork or spoon? Yes □ No □ High chair? Yes □ No □ A cup? With lid □ without lid □

**Potty Habits:**

Does your child wear diapers/pull ups? Yes □ No □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child use a potty chair or adult toilet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child is potty trained, does he/she need a pull-up/diaper at nap? Yes □ \_\_\_\_\_\_\_\_\_\_\_\_\_ No □

**Your Child:**

Please give us a brief description of your child to help us become familiar with his/her: Is there anything we should know about your child? Ex: likes/dislikes, does he/she put things in their mouth, any fears (people, noises, etc.), behavior when upset, and any other thoughts or concerns for the coming year?

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