



Mitchellville Montessori School, Inc
 12112 Central Avenue
 Mitchellville, MD 20721
 (301-249-9187)

Glenn Dale Montessori School
 7500 Hillmeade Rd
 Glenn Dale, MD 20769
 (301-249-9187)

Application for Admission

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Montessori Prep Full Time (2-3yr)(6:30-6:30p.m.) | <input type="checkbox"/> Potty Trained |
| <input type="checkbox"/> Montessori Prep Part Time (2-3yrs)(6:30-12:30p.m) | <input type="checkbox"/> Not Potty Trained |
-
- | | |
|--|--|
| <input type="checkbox"/> Montessori Program Pre-K (8:3 – 12:30p.m.) | <input type="checkbox"/> Montessori Pgm. K&E (8:30-3:30) |
| <input type="checkbox"/> Montessori Pgm. Before Care (6:30-8:30a.m.) | <input type="checkbox"/> Montessori Pgm. After Care (12:30-3:30) |
| <input type="checkbox"/> Montessori Pgm Before Care (7:30-8:30) | <input type="checkbox"/> Montessori Pgm After Care (3:30-6:30) |
-
- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Before Care for Elementary students attending public school | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> After Care for Elementary students attending public school | |

Application is hereby made for admission of our child _____

As a student at Glenn Dale Montessori School for the Academic Year _____

The following is submitted as part of this application:

Child's name to be used at school: _____

Date of Birth: ___/___/___ Sex: M F Home Telephone: _____

Is home number unlisted? Y N If yes, may we use it in our school roster? Y N

Home Address (include city and zip code): _____

Has pupil attended any previous school: _____
(School Name, Complete Address-Need to sign request for records from this school)

Father's (Guardian's) name: _____ SSN: _____

Work Name and Address (include city): _____

Work Phone: _____ Pager or Cell Phone Number: _____

E-mail Address: _____

Mother's (Guardian's) name: _____ SSN: _____

Work Name and Address (include city): _____

Work Phone: _____ Pager or Cell Phone Number: _____

E-mail Address: _____

Names and ages of brothers and sisters: _____

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

In case of illness or emergency, who do we contact if unable to reach family?

| (Name) | (Address) | (C/S/Z) | (Phone) |
|---|-----------|---------|---------|
| Do we have permission to contact your doctor or dentist in an emergency? | Y | N | |
| In case of emergency may we transport your child to a doctor or hospital? | Y | N | |

Please list any childhood diseases your child has had: _____

In understand that students are admitted for the full academic term and that my agreement to pay tuition for the full academic term is not subject to adjustment because of illness, absence, withdrawal, or dismissal of the student from the school for any case after _____.

Tuition for the _____ academic year is \$ _____.

The \$100.00 registration fee and \$200.00 tuition deposit are due at this time.

In keeping with the spirit of Montessori, which emphasizes the importance of parent's/guardian's participation in the education of the child, I agree:

- 1) To observe a Montessori Classroom and to attend a parent orientation prior to my child's starting date:
- 2) To exert every effort to serve the school.

Parents will leave child/children at school at _____AM and pick up at _____PM.
All children should arrive by 8:30A.M. School begins at 8:30AM.

I hereby apply for placement at Glenn Dale Montessori School for:

_____ beginning _____
 (Name of Child) (Date)

I have enclosed my registration fee of \$100.00, which is non-refundable after acceptance, and my tuition deposit, which is refundable with 30 day notice of withdrawal. I have carefully read the parent's handbook and in consideration of a place for the above name child, I agree to comply with the terms herein expressed and to be bound to the school's regulations as stated above and in the parents' handbook.

Signed: _____ Date: _____
 (Parent/Guardian Signature)
 Signed: _____ Date: _____
 (Parent/Guardian Signature)

For Office Use Only

Accepted: Y N Room Assignment: _____

Date Registration Fee Paid: _____ check #: _____ Amt: _____
 Date Tuition Deposit Paid: _____ check #: _____ Amt: _____
 Date Activity Fee Paid: _____ check #: _____ Amt: _____
 Date Field Trip Fee Paid: _____ check #: _____ Amt: _____
 Date New Family Fee Paid: _____ check#: _____ Amt: _____
 Date Technology & Security fee pd: _____ check#: _____ Amt: _____
 Withdrawal/Graduation Date: _____