



MONARCH MONTESSORI SCHOOL

Mailing Address: P.O. Box 609, Churchville, MD 21028

Location: 6 Asbury Road, Churchville, MD 21028

Phone and Fax: (410) 836-9560

Web Address: monarchmontessorischool.net

Email Address: monarchmontessorischool@verizon.net

September 2019

Dear Parents and Toddlers:

Thank you for your interest in the Parent/Toddler Program at the Monarch Montessori School. Our Parent-Toddler Classes are designed for one parent and child (between the ages 2 years and 3 years old) to work together in the Montessori classroom for 1 ½ hours. The class schedule includes “work time” and circle time activities as well as snack and outside time if the weather cooperates! Each session includes six classes held on Saturday mornings.

A parent(s)-only orientation meeting is held before the start of each session to familiarize the parents with the classroom and daily schedule. We also review the Montessori philosophy and goals for children in our school. If you have attended a parent/toddler orientation in the past, you need not attend again.

The parent/toddler classes provide parents with an opportunity to experience the Montessori “hands on” approach to learning with their child. The children who attend the Parent/Toddler classes are given priority when registration forms become available for Fall 2020 preschool enrollment.

You may register for the spring toddler session by mailing a completed application and a check for \$150.00 per session to P.O. Box 609, Churchville, MD 21028. Class size is limited. An application is included. Please indicate on the application which session or sessions you are registering for.

Classes will be offered on the following schedule:

| | |
|--|--|
| SPRING SESSION: 3/14/20 – 4/4/20, then 4/25/20 – 5/2/20 6 Saturdays; 9 – 10:30 a.m. Essential Parent Orientation: 3/12/20 Thursday from 7-8pm | |
| | |

We look forward to the opportunity to work with your child and your family!

Sincerely,

Mary Ellen Kelly

PARENT/TODDLER CLASS APPLICATION FORM
6 Asbury Road, P. O. Box 609
Churchville, MD 21028



Today's date: _____

_____ **SPRING SESSION: 9:00 – 10:30 AM**

Child's Full Name: _____ DOB ___ / ___ / ___ Gender: M or F

Full Address (include zip code): _____

E-mail Address: (please print clearly) _____

Parent(s) Name: _____ Home Phone: _____

Mother's Business Name/Address:

Father's Business Name/Address:

Phone: _____

Phone: _____

Previous Group Experience:

Names and ages of other children in the home: _____

Do you plan for your child to attend the Pre-primary Program at Monarch? _____

Does your child have allergies? _____ take medication? _____

Please explain any restrictions on activities (for example: allergic to apple juice or small furry pets?) _____

Child's Physician _____ Phone # _____

Date: _____ Signature: _____

For more information or questions: School phone: (410) 836-9560

Return the application and payment of \$150.00 per session to:

[Monarch Montessori School, P.O. Box 609, Churchville, MD 21028.](mailto:monarchmontessorischool@verizon.net)

Questions: e-mail: monarchmontessorischool@verizon.net or call 410-836-9560

Website: monarchmontessorischool.net