

**THE MONARCH MONTESSORI SCHOOL**  
**APPLICATION FORM – 2021 Programs**  
**TODAY'S DATE: \_\_\_\_\_**



Child's Date of Birth: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
First Middle Last Nickname

Program Options:  
(Please indicate  
1st and 2nd Choice)

1st	2nd					
		5 Full Day	M-F		9am - 3pm	\$8200.00
		3 Full Day, 2 1/2 Day	M-W,Th-F		9am-3pm,9am-12	\$7500.00
		5 1/2 Day	M-F		9am - 12pm	\$6000.00
		3 Full to 3 Full 2 1/2 Day	M-W to M-F		various	\$7200.00
		3 Full Day	M-W		9am - 3pm	\$7000.00
		3 1/2 Day	M-W	Morning	9am - 12pm	\$3750.00
				Afternoon	12-3pm	\$3750.00

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Parent(s)/Legal Guardian(s): \_\_\_\_\_

Marital Status: \_\_\_\_\_

Mother's Employer, Address and Phone	
Work Hrs	To

Father's Employer, Address and Phone	
Work Hrs	To

Members of the household and their relationship: \_\_\_\_\_

Previous school/group experiences \_\_\_\_\_

Current or previous Monarch Montessori Students you know: \_\_\_\_\_

In an Emergency Call (other than parent):		
Name: _____	Relationship to child _____	Phone: _____
Who is authorized to pick up your child:		
Name: _____	Relationship to child _____	Phone: _____
Who MAY NOT pick up your child: _____ Relationship _____		

Please describe any food allergies: \_\_\_\_\_

Please describe any seasonal allergies: \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_

Has your child ever had a serious illness? \_\_\_\_\_

Please briefly describe your child's birth and developmental progress. Full term birth or premature? Did they crawl? At what age did they potty train? Walk? Talk?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special bathroom habits or words that the teacher needs to be aware of? \_\_\_\_\_

Does your child have any specific fears? (dogs, masks, thunder, etc.) \_\_\_\_\_

Do you have any special hobbies or interests you might want to share with your child's class? (Foreign language, dentistry, photography, magic tricks, carpentry, etc.) \_\_\_\_\_

What goals do you have for your child? \_\_\_\_\_

\_\_\_\_\_

Please note: All parents are required to provide a nutritious snack for your child's class on a rotating basis. A snack schedule and guidelines for snack will be provided at the beginning of the school year.

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PLEASE READ CAREFULLY AND SIGN BELOW:

We, the parents/guardians of \_\_\_\_\_, hereby give our approval to his/her participation in the activities and special events of the Monarch Montessori School during the 2021 - 2022 school year. We assume all risks and hazards incidental to such participation, including transportation to and from these activities; and

We do hereby waive, release, absolve, indemnify and agree to hold harmless Monarch Montessori School LLC., The Monarch Montessori School, the teachers, organizers, sponsors, participants and persons involved in the activities of the School and persons transporting our child to and from activities from any claim arising out of injury to our child.

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ DIRECTOR SIGNATURE \_\_\_\_\_

Office Use:	
App fee: \$ _____	Rec'd _____ Cash/Ck # _____
Interview Date/Time: _____ / _____	
Placement Recommendation: _____	