

Today's Date _____



MONARCH
MONTESSORI SCHOOL
RETURNING STUDENT FORM – 2021

Child's Date of Birth: _____

Child's Full Name: _____

1st 2nd First Middle Last Nickname

*All programs add \$300 for materials.

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

		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

School opens at 9am and dismisses at 3pm. If you need before or after care, we offer these programs.

After care is available from 8am-5pm

Please let us know if you need before or after care _____

Home Address _____

Home Phone: _____

City _____ State _____ Zip _____

Email _____

Marital Status: _____

Parent 1's Information	
Name	_____
Email	_____
Mobile	_____
Employer, Address and Phone	

Work Hrs	To

Parent 2's Information	
Name	_____
Email	_____
Mobile	_____
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: _____

Child's Name: _____

 Please describe any food allergies: _____

Please describe any seasonal allergies: _____

Has your child ever been hospitalized? _____

Has your child had any surgeries? _____

Has your child ever had a serious illness? _____

You child's developmental progress.

Full term birth or premature? _____

Did they crawl? When? _____

At what age did they potty train? _____

At what age did they walk? _____

At what age did they talk? _____

Are vaccinations up to date? _____

Date of most recent evaluations:

Vision _____

Hearing _____

Speech _____

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

 What goals do you have for your child? _____

Please submit this signed application with the \$200.00 registration fee. If we are unable to place your child, the amount is refundable. MAILING ADDRESS: PO Box 609 , Churchville, MD 21028

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: _____		