



125 15th Street NW Canton, OH 44703
3909 Blackburn Rd NW Canton, OH 44718
Phone: 330-452-0148 Fax: 330-452-4721

2020-2021 SCHOOL YEAR KINDERGARTEN APPLICATION

Child's Name (please print): _____ My child prefers to be called: _____

Birth date: _____

Gender: M F

Home Address: _____

City, State, Zip: _____

What month will your child start at CMS? _____ Child's T-shirt size for next year: _____

Custody documents exist for my child: Yes No (If yes, provide CMS with copy no later than the 1st day of school)

If your child attended another school, list here: _____

Public School **District** of residence: _____ Public School **Building** of residence: _____

Status of Parents: Married Partners Separated Divorced Single Widowed

Student resides with: _____

Parent One Name: _____

Home Address: _____

City, State, Zip: _____ Preferred Phone: _____

Email Address (**required**): _____

Parent One Employer Name: _____

Position: _____ Business Phone: _____

Parent Two Name: _____

Home Address: _____

City, State, Zip: _____ Preferred Phone: _____

Email Address (**required**): _____

Parent Two Employer Name: _____

Position: _____ Business Phone: _____

Parent Three Name: _____

Home Address: _____

City, State, Zip: _____ Preferred Phone: _____

Email Address (**required**): _____

Parent Three Employer Name: _____

Position: _____ Business Phone: _____

What is the best number to call in the event we need to contact you? _____

Kindergarten Tuition & Schedule		5 DAYS/WEEK	
		10 Monthly Installment Payments (Aug – May)	
Before School Care (Optional)	7:00 AM- 9:00 AM	\$125	
	8:00 AM - 9:00 AM	\$62	
School Day (Must Select One)	9:00 AM - Noon (Half Day)	\$586	
	9:00 AM - 3:15 PM (Full Day)	\$780	
After School Care (Optional)	3:15 PM – 5:00 PM	\$109	
	3:15 PM – 6:00 PM	\$172	
School Lunch	Daily	\$55	
	Pizza Friday <u>ONLY</u>	\$11	
Add selections above to determine total monthly tuition installment amount*			
A one-time Kindergarten Activity Fee will be added to your August invoice			\$60

* Monthly tuition installment amounts are based upon your child attending the entire school year and have been divided into 10 installment payments for your convenience. If your child begins after the school year is already in progress, a prorated balance will be included on your first monthly installment payment invoice.

For ALL students, please select one of the following:

_____ I will pick my child up via car line (3:15 PM Dismissal)

_____ I will come into the school to pick up my child (After School Care participants must select this option)

Fees/Deposits

- **New Families:** A \$200 non-refundable application fee plus a \$300 tuition deposit (**\$500 total per family**) is due upon submission of this application. The \$300 tuition deposit will be applied as a credit on your first tuition invoice.

- **Currently Enrolled Families:** A **\$500 tuition deposit** (per family) is required to hold your child's space. If you return this application by **February 28, 2020**, your entire deposit will be applied to your August tuition invoice. If you submit your enrollment application after February 28, 2020, a \$200 late enrollment fee will be assessed and only \$300 will be applied to your August invoice.

Payments

Payments are due the 1st of each month. Parents are encouraged to participate in our electronic payment plan, which eliminates the need to submit a check or credit card payment each month at the main office. Payments are automatically withdrawn from your account on/around the 1st and the 15th of each month. There are no fees for this service. To sign up, simply complete the Automatic Withdrawal Payment Agreement Form, located in the enrollment packet.

By the signature below, I (we) acknowledge that I (we) have read, understand, and agree with this application for enrollment to Canton Montessori School and that all of the information provided is accurate and true.

Signature of person financially responsible, relationship to student, SS#, DOB Date

Signature of person financially responsible, relationship to student, SS#, DOB Date

For Office use only Check # _____ Amount: _____ Date: _____

- ◇ Added to Compass _____ (Date) _____ (Initials)
- ◇ Added to Email lists (S Drive) _____ (Date) _____ (Initials)
- ◇ Added to One Call Now _____ (Date) _____ (Initials)