



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

## 2021-2022 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)	
<b>Before School Care</b> (Optional)	7:00 AM- 9:00 AM	\$130	
	8:00 AM - 9:00 AM	\$65	
<b>School Day</b> (Must Select One)	9:00 AM - Noon (Half Day)	\$609	
	9:00 AM - 3:15 PM (Full Day)	\$780	
<b>After School Care</b> (Optional)	3:15 PM – 5:00 PM	\$114	
	3:15 PM – 6:00 PM	\$179	
<b>School Lunch</b>	Daily	\$60	
	Pizza Friday <u>ONLY</u>	\$12	
<b>Add selections above to determine total monthly tuition installment amount*</b>			
<b>A one-time Kindergarten Activity Fee will be added to your August invoice</b>			<b>\$60</b>

\* 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 **March 12, 2021**, your entire deposit will be applied to your August tuition invoice. If you submit your enrollment application after March 12, 2021, a \$200 late enrollment fee will be assessed and only \$300 will be applied to your August invoice.

**Payments**

Payments are due the 1<sup>st</sup> 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 1<sup>st</sup> and the 15<sup>th</sup> 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    Last 4 of SS#    DOB    Date

\_\_\_\_\_  
Signature of person financially responsible    Relationship to student    Last 4 of 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)