



125 15<sup>th</sup> Street NW  
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Phone: 330-452-0148

Canton, OH 44703  
Canton, OH 44718  
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**2021 SUMMER PRE-PRIMARY APPLICATION June 7, 2021 – August 12, 2021**

**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?** \_\_\_\_\_

**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?** \_\_\_\_\_

**Please select from either Option 1 OR Option 2 below:**

**1-** I want to enroll my child 5 days/week from **9am—Noon** for the following session(s) only:

___ <b>Session #1</b> — \$400	Gardening/Farming	June 7 — June 25	3 week session
___ <b>Session #2</b> — \$400	Dinosaurs	June 28 — July 16	3 week session
___ <b>Session #3</b> — \$400	N. America/Olympics	July 19 — Aug 6	3 week session
___ <b>Session #4</b> — \$133	Hall of Fame/Olympics	Aug 9 — Aug 12	4 day session

**2-** I want to enroll my child for the **ENTIRE SUMMER** for the **selections** indicated below:

Pre-Primary (ages 3 – 6) Tuition & Schedule		3 DAYS/WEEK		5 DAYS/WEEK	
		2 Monthly Installment Payments (June & July)		2 Monthly Installment Payments (June & July)	
<b>Before School Care</b> (Optional)	7:00 AM- 9:00 AM	\$98		\$130	
	8:00 AM - 9:00 AM	\$49		\$65	
<b>Summer School Day</b> (Must Select One)	9:00 AM - Noon (Half Day)	\$457		\$609	
	9:00 AM - 3:15 PM (Full Day)	\$609		\$780	
<b>After School Care</b> (Optional)	3:15 PM – 5:00 PM	\$86		\$114	
	3:15 PM – 6:00 PM	\$134		\$179	
<b>School Lunch</b>	Daily	\$36		\$60	
	Pizza Friday <u>ONLY</u>	\$12		\$12	
<b>Add selections above to determine total monthly tuition installment amount*</b>					

\* Monthly tuition installment amounts are based upon your child attending the entire summer program and have been divided into 2 installment payments for your convenience. If your child begins after the summer program is already in progress, a prorated balance will be included on your first monthly installment payment invoice.

**For students attending three days/week, please circle one of the schedule options below (days must be consecutive):**

Monday - Tuesday - Wednesday | Tuesday - Wednesday - Thursday

**For ALL students, please select one of the following:**

\_\_\_ I will pick my child up via car line (Noon Dismissal)

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

### **Vacation Credit**

Families who enroll their child in the entire summer program are eligible for a maximum of a one week vacation credit (prorated credit based upon the entire summer tuition).

If you know your vacation dates, please enter them here: \_\_\_\_\_

### **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.**

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Signature of person financially responsible	Relationship to student	Last 4 of SS#	DOB	Date
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### **For office use only:**

◇ Added to Compass \_\_\_\_\_ (Date) \_\_\_\_\_ (Initials) ◇  
Added to Email lists (S Drive) \_\_\_\_\_ (Date) \_\_\_\_\_ (Initials) ◇  
Added to One Call Now \_\_\_\_\_ (Date) \_\_\_\_\_ (Initials)