



125 15th Street NW
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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 3 OR 5 days/week from **9am—Noon** for the following session(s) only:

- | | | | |
|--|-----------------------|-------------------|----------------|
| <input type="checkbox"/> Session #1 — \$400 | Gardening/Farming | June 7 — June 25 | 3 week session |
| <input type="checkbox"/> Session #2 — \$400 | Dinosaurs | June 28 — July 16 | 3 week session |
| <input type="checkbox"/> Session #3 — \$400 | N. America/Olympics | July 19 — Aug 6 | 3 week session |
| <input type="checkbox"/> Session #4 — \$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)	
Before School Care (Optional)	7:00 AM - 9:00 AM	\$98		\$130	
	8:00 AM - 9:00 AM	\$49		\$65	
Summer School Day (Must Select One)	9:00 AM - Noon (Half Day)	\$457		\$609	
	9:00 AM - 3:15 PM (Full Day)	\$609		\$780	
After School Care (Optional)	3:15 PM – 5:00 PM	\$86		\$114	
	3:15 PM – 6:00 PM	\$134		\$179	
School Lunch	Daily	\$36		\$60	
	Pizza Friday <u>ONLY</u>	\$12		\$12	
Add selections above to determine total monthly tuition installment amount*					

* 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 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 Last 4 of SS# DOB Date

Signature of person financially responsible Relationship to student Last 4 of SS# DOB Date

For office use only:

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