



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

2023-2024 SCHOOL YEAR ELEMENTARY 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 a copy at registration.)

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? _____

Elementary Tuition & Schedule		5 DAYS/WEEK	
		10 Monthly Installment Payments (Aug – May)	
Before School Care (Optional)	7:00 AM – 8:45 AM	\$140	
	8:00 AM – 8:45 AM	\$60	

School Day	8:45 AM - 3:15 PM	\$830	
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Add selections above to determine total monthly tuition installment amount*		
A one-time Elementary Activity Fee will be added to your August Invoice		\$100
A one-time Elementary Supply Fee will be added to your August Invoice		\$100

Indicate your child's grade for the 2023-2024 school year	
Grade	✓
1	
2	
3	
4	
5	
6	

* 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.

Fees/Deposits

- **New Families:** An **Application Fee** of **\$200.00** for a **first-time applicant** is **due** upon acceptance of enrollment to Canton Montessori School and is **non-refundable**. Additionally, a **tuition deposit** of **\$300.00** is required to **reserve an enrollment space**.

- **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, 2023**, your entire deposit will be applied to your August tuition invoice. If you submit your enrollment application after February 28, 2023, 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. 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 Check # _____ Amount: _____ Date: _____

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



NOTE: This form is for new students applying to CMS ONLY!

CANTON MONTESSORI SCHOOL
125 15th St NW, Canton, OH 44703
Phone: 330-452-0148 Fax: 330-452-4721
Email: hos@cantonmontessori.org

Permission to Release School Records

Student Full Name: _____
First Middle Last

Student's Date of Birth: _____ Home Phone: _____

Student's Legal Address: _____

City State Zip

Does the student receive Special Education Services? Yes No

I grant permission to the proper authorities at:

School Name: _____ Phone: _____

Address: _____

to release a copy of the following parts of my child's record to the Office at Canton Montessori School:

- Official Transcript
- Standardized Test Scores
- Immunization Records
- Birth Certificate
- Report Cards
- Teacher and/or Counselor Observation and Comments
- Intelligence and Aptitude Test Scores (if available)
- Special Education Records (if applicable) including IEP, ETR, or 504 Plan and any report period psychological reports, evaluation reports, etc.
- Disciplinary and attendance records
- Custody Documentation (if applicable)
- Other: _____

Name of Legal Parent/Guardian: _____
First Last

Signature Parent/Guardian: _____ Date: _____

Parents: We ask you to sign and return this authorization form along with your application so that we may obtain the school records and recommendations, which are a required part of the student's application file.