



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

## 2023-2024 SCHOOL YEAR PRE-PRIMARY 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? \_\_\_\_\_

Pre-Primary (ages 3 – 6) Tuition & Schedule		3 DAYS/WEEK		5 DAYS/WEEK	
		10 Monthly Installment Payments (Aug – May)		10 Monthly Installment Payments (Aug – May)	
Before School Care (Optional)	7:00 AM - 9:00 AM	\$120		\$160	
	8:00 AM - 9:00 AM	\$60		\$80	
School Day (Must Select One)	9:00 AM - Noon (Half Day)	Option Not Available		\$710	
	9:00 AM - 3:15 PM (Full Day)	\$710		\$890	
After School Care (Optional)	3:15 PM – 5:00 PM	\$105		\$140	
	3:15 PM – 6:00 PM	\$165		\$220	
School Lunch	Daily	\$45		\$75	
	Pizza Friday <u>ONLY</u>	Option Not Available		\$15	
Add selections above to determine total monthly tuition installment amount*					

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

Monday - Tuesday - Wednesday | Tuesday - Wednesday - Thursday

**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 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. 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 \_\_\_\_\_ (Date) \_\_\_\_\_ (Initials)
- Added to One Call Now \_\_\_\_\_ (Date) \_\_\_\_\_ (Initials)