



2024 SUMMER YEAR PRE-PRIMARY APPLICATION

Child's Name: \_\_\_\_\_ My child prefers to be called: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

What month will your child start at CMS? \_\_\_\_\_ Child's T-shirt Size: \_\_\_\_\_

Name of Child's Previous School/Daycare: \_\_\_\_\_

Public School District of Residence: \_\_\_\_\_ Public School Assigned Building: \_\_\_\_\_

Does your child have an IEP/504 Plan? \_\_\_\_\_ If yes, please provide CMS with a current copy at registration.

New Families Only: How would a Canton Montessori School education benefit your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Status of Parents: \_\_\_\_\_ Married \_\_\_\_\_ Partners \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Do custody documents exist for my child: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide CMS with a current copy at registration.

Student resides with: \_\_\_\_\_

Parent One Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Parent Two Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Parent Three Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

What is the best phone number to call if we need to contact you? \_\_\_\_\_

**PLEASE SELECT FROM EITHER OPTION 1 OR OPTION 2 BELOW:**

**Option #1: I want to enroll my child 5 days/week from 9:00 – Noon for the following session(s) ONLY:**

	Session #1 - \$600	Gardening/Nutrition	June 3 – June 20 (3 week session)
	Session #2 - \$600	Human Body	June 24 – July 12 (3 week session)
	Session #3 - \$600	Europe	July 15 – August 2 (3 week session)
	Session #4 - \$200	Hall of Fame	August 5 – August 9 ( 1 week session)

**Option #2: I want to enroll my child for the ENTIRE SUMMER for the schedule listed below:**

Pre-Primary Program (Ages 3 – Kindergarten) Tuition & Schedule		3 Days/Week		5 Days/Week	
		10 Monthly Installment Payments (August-May)		10 Monthly Installment Payments (August-May)	
<b>Before School Care</b> <i>Optional</i>	7:00 AM – 9:00 AM	\$120		\$200	
	8:00 AM – 9:00 AM	\$60		\$100	
<b>School Day</b> <i>Must Select One</i>	9:00 AM - Noon (Half Day)	<i>Option Not Available</i>		\$740	
	9:00 AM – 3:15 PM (Full Day)	\$740		\$930	
<b>After School Care</b> <i>Optional</i>	3:15 PM – 5:00 PM	\$105		\$175	
	5:00 PM – 6:00 PM	\$165		\$275	
<b>School Lunch</b>	Daily	\$45		\$75	
	Pizza Friday <u>ONLY</u>	<i>Option Not Available</i>		\$15	
<b>Add the selections above to determine the total monthly tuition installment amount.*</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. Your first monthly installment payment invoice will include a prorated balance if your child begins after the school year is already in progress.

**For students attending 3 days/week, please mark one of the schedule options below (days must be consecutive):**

\_\_\_\_\_ Monday-Tuesday-Wednesday                      \_\_\_\_\_ Tuesday-Wednesday-Thursday

**Vacation Credit**

- Families who enroll their child in the entire summer program are eligible for a maximum of 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 on the 1st of each month. Parents are encouraged to participate in our electronic payment plan, eliminating 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. Complete the Automatic Withdrawal Payment Agreement Form in the enrollment packet to sign up.

**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 Parent	Last 4 of SS#	DOB	Date
Signature of Parent	Last 4 of SS#	DOB	Date

**For Office use only Deposit**      Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_