



2026 SUMMER 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 ISP/IEP/504 Plan? _____ Yes _____ No *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: _____

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 the following session(s) ONLY:

		Half Days (9:00 AM – Noon)	Full Days (9:00 AM – 3:15 PM)
Session 1: Gardening/Nutrition and Authors June 8 - June 26 (3 weeks)		\$750	\$1500
Session 2: Dinosaurs June 29 - July 17 (3 weeks)		\$750	\$1500
Session 3: Australia July 20 - August 7 (3 weeks)		\$750	\$1500
Session 4: Hall of Fame August 9-14 (1 week)		\$250	\$500
School Lunch <i>Optional</i>	Daily	Option Not Available	Cost Varies Based on # of Sessions Enrolled*
	Pizza Friday <u>ONLY</u>	Option Not Available	Cost Varies Based on # of Sessions Enrolled*
Add the selections above to determine the total monthly tuition installment amount.			

* The CMS Business Office will contact you directly for exact cost of lunch based on the number of sessions (weeks) enrolled in summer camp.

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

Pre-Primary Program (Ages 3 – Rising 1 st Graders) Tuition & Schedule		3 Days/Week 2 Monthly Installment Payments (June & July)	5 Days/Week 2 Monthly Installment Payments (June & July)
Before School Care <i>Optional</i>	7:00 AM – 9:00 AM	\$144	\$240
	8:00 AM – 9:00 AM	\$72	\$120
School Day <i>Must Select One</i>	9:00 AM - Noon (Half Day)	Option Not Available	\$783
	9:00 AM – 3:15 PM (Full Day)	\$783	\$980
After School Care <i>Optional</i>	3:15 PM – 5:00 PM	\$126	\$210
	3:15 PM – 6:00 PM	\$198	\$330
School Lunch <i>Optional</i>	Daily	\$51	\$85
	Pizza Friday <u>ONLY</u>	Option Not Available	\$17
Add the selections above to determine the total monthly tuition installment amount.*			

* Monthly tuition installment amounts are based upon your child attending the entire summer and have been divided into 2 installment payments for your convenience. Your first monthly installment payment invoice will include a prorated balance if your child begins after the summer 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: _____

Payment: 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: _____