



A Non-Profit Corporation
Chartered by the State of Ohio

APPLICATION FOR ADMISSION

Child's Full Name: _____ Sex: _____ Date of Birth: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Child resides with: Mother Father Both Parents Other, Specify _____

PLEASE SELECT PROGRAM:

- _____ Toddler Program Half-Day—5 days per week (8:30 a.m. – 11:30 a.m.)
- _____ Toddler Program Half-Day—3 days per week (8:30 a.m. – 11:30 a.m.)
- _____ Toddler Program Full-Day—5 days per week (8:30 a.m. – 3:30 p.m.)
- _____ Toddler Program Full-Day—3 days per week (8:30 a.m. – 3:30 p.m.)
- _____ 3-6 Program 5 days A.M. (8:30 a.m. – 11:30 a.m.)
- _____ 3-6 Program 5 days P.M. (12:30 p.m. – 3:30 p.m.)
- _____ 3-6 Program 5 days A.M. **plus** 5 days P.M. (8:30 a.m. – 3:30 p.m.)
- _____ 3-6 Program 5 days A.M. **plus** 3 days P.M. (8:30 a.m. – 3:30 p.m.)
- _____ 6-9 Program (8:30 a.m. – 2:30 p.m.)

WILL YOU NEED BEFORE OR AFTER SCHOOL CHILDCARE? Yes No
(Childcare is not available for the Toddler Program.)

If yes, please indicate days and times childcare will be needed:

Days _____ Times _____

Does your child have previous childcare experience? Yes No

Where? _____ When _____

Child's Personality:

What are your child's most positive qualities? _____

What are your child's least positive qualities? _____

What are your reasons for enrolling your child in a Montessori school? _____

How did you first hear about the Montessori Center of South Dayton?

___ Family/Friend Referral ___ Internet ___ Yellow Pages ___ We are a former family
___ Other, please specify _____

Non-Discrimination Policy

The Montessori Center of South Dayton, Inc. is committed to building a diverse faculty, staff and student body to reflect human diversity, and to improve opportunities for all. This commitment is both a moral imperative consistent with an intellectual community that celebrates individual differences and diversity, as well as a matter of law. Discrimination against any individual based upon protected status, which is defined as age, color, disability, gender identity or expression, national origin, race, religion, sex, sexual orientation, is prohibited. Equal access to admission, educational programs, scholarships/loans/fee waivers and all other school related activities is extended to all persons.

Administrative Information

All applicants are given equal consideration. Prior to acceptance and enrollment, all children will be assessed to determine social and emotional readiness for school. The Montessori Center of South Dayton, Inc. reserves the right to temporarily or permanently remove any child from programs if it is deemed necessary and in the best interest of the school and/or the child.

Financial Responsibility Agreement

You will be required to sign a Financial Responsibility Agreement for tuition and fees prior to the first day your child attends class.

I/We hereby make application for admission for our child to the Montessori Center of South Dayton. Attached is a non-refundable application fee of \$50.00.

Mother's Signature

Father's Signature

Date of Application: _____

OFFICE USE: \$ _____ Check # _____ Date _____