



Woodland Montessori School

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Enrollment Form School Year 2022-2023

Child's Name	Birthdate: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Name	Birthdate: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian #1 Name:	Parent/ Guardian # 1 Email:
Parent/Guardian #2 Name:	Parent/ Guardian #1 Email:
Parent/ Guardian #1: Street Address City State Zip	School District/Neighborhood and School Name your street address is located in:
Parent/ Guardian #2 Street Address City State Zip	Who does the child reside with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other
Parent/ Guardian #1 Cell Phone:	Work Phone:
Parent/ Guardian #2 Cell Phone:	Work Phone:
Primary Financial Sponsor Name & Mailing Address <input type="checkbox"/> same as parents/guardians	Home Phone: Home Phone: Primary Financial Sponsor SS#
<p>Early Childhood Montessori Programs</p> <p>Child(s) Name:</p> <p><u>HALF DAY 8:45 a.m.-12:25 p.m.</u></p> <p><input type="checkbox"/> Five days per week</p> <p><input type="checkbox"/> Four days per week (M, T, W, Th)</p> <p><input type="checkbox"/> *Three days per week (M, T, W) *(Introductory program for 2-3-year olds only)</p> <p>Child(s) Name:</p> <p><u>FULL DAY 8:45 a.m.-3:00 p.m.</u></p> <p><input type="checkbox"/> Five days per week</p> <p><input type="checkbox"/> Four days per week (M, T, W, Th)</p> <p><input type="checkbox"/> *Three days per week (M, T, W) *(Introductory program for 2-3-year olds only.)</p> <p>(Please contact the office with questions about a different three- or four-day schedule).</p> <p><input type="checkbox"/> Please consider my child for the Montessori EARLY LEARNER program. <i>Children who are under age three on September 10 or NOT bathroom-independent must start here.</i></p> <p><input type="checkbox"/> Please consider my child for the Montessori LEADERSHIP YEAR (kindergarten program). <i>Child must be age five by September 10 and must attend five days per week, with full days no later than January 2023.</i></p> <p>EXTENDED CARE</p> <p><input type="checkbox"/> Before school care (Available 7:30-8:45 a.m.)</p> <p><input type="checkbox"/> After school care (Available 3:00-5:30 p.m.)</p> <p><input type="checkbox"/> Before and After School care (7:30-5:30 p.m.)</p>	<p>Payment Schedule</p> <p><i>Please refer to the Fee & Payment Schedule to determine which payment plan best suits your needs.</i></p> <p><input type="checkbox"/> YEARLY – full amount due by July 1, 2022. With this option you will receive a 2.5% discount (unless paid with credit card).</p> <p><input type="checkbox"/> TEN MONTHS – monthly installments due July 1, 2022 and the first day of each month Sept. 2022 – May 2023. You will have the option to choose your payment method (automatic bank withdrawal, automatic credit card or cash/check) at a later date. *Credit Card fee does apply*</p> <p><input type="checkbox"/> A certain number of partial SCHOLARSHIPS are available each year. If you would like more information about our scholarship, please check here.</p> <p>Parent Signature:</p> <p>Date:</p> <p>A non-refundable ENROLLMENT FEE of \$150 will be billed to your account upon receipt of this completed form. (\$125 for a second child and \$100 for each additional sibling)</p> <p>A one-time deposit of \$350 for each child is due upon enrollment and credited to your account on the May statement of the last year your child(ren) attend.</p> <p>MORE INFORMATION ON THE BACK → →</p>

Student Directory

As a courtesy to our families, a Student Directory (not for solicitation) is distributed in the fall, which has contact information for each family. Please select what information you would like to share in the directory.

- | | | |
|--|--|--|
| <input type="checkbox"/> Child's Name | (If not Mother or Father) | |
| <input type="checkbox"/> Mother's Phone Number | <input type="checkbox"/> Father's Phone Number | <input type="checkbox"/> Guardian's Phone Number |
| <input type="checkbox"/> Mother's Address | <input type="checkbox"/> Father's Address | <input type="checkbox"/> Guardian's Address |
| <input type="checkbox"/> Mother's Email | <input type="checkbox"/> Father's Email | <input type="checkbox"/> Guardian's Email |

Marketing Release

Woodland Montessori School may use photographs, videos, and/or sound recordings of my child(ren) for the purpose of the school programs and advertising (both in print and online)

- I accept I decline

*Please note Woodland Montessori School will use photographs of your child for classroom use only.

Parent Signature

Date

List any characteristics, or helpful information you feel your child's teacher should know about your child:

List any allergies and health conditions for your child(ren): This information is for daily reference by your child(s) care giver(s) so allergens can be avoided and/or directions in the event that allergens are encountered.

Allergy/Condition	Symptoms	Directions

- MY CHILD HAS NO KNOWN ALLERGIES OR HEALTH CONDITION

_____ **(Parent Signature & Date)**

My child has received and is current on the state-recommended immunizations for his or her age.
Please submit a copy of your child(s) current immunizations record prior to the first day of school.

- Yes No