



Christian Montessori School
OF LAKE NORMAN

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ENROLLMENT APPLICATION 2020-2021

Student Information

Student's Full Legal Name _____			
Date of Birth _____	City and State of Birth _____	Social Security Number _____	
Home Address: _____			
City _____	State _____	Zip _____	
Home Telephone Number: (_____) _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female

Parent(s) Information

Father's full name: _____ Home Mailing Address and phone number (if different from child's): Street Address _____ City _____ State _____ Zip _____ Phone _____ Email: _____ Employer Name: _____ Work Phone Number _____ Profession: _____ Place of Employment: _____	Mother's full name: _____ Home Mailing Address and phone number (if different from child's): Street Address _____ City _____ State _____ Zip _____ Phone _____ Email: _____ Employer Name: _____ Work Phone Number _____ Profession: _____ Place of Employment: _____
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Family Information

Please list all siblings	
Sibling Name	Age
1.	1.
2.	2.
3.	3.

Extended Family Information	
Please list grandparent information.	
Paternal Grandparents: Name(s) _____ Mailing Address: _____ _____ City _____ State _____ Zip _____	Maternal Grandparents: Name(s) _____ Mailing Address: _____ _____ City _____ State _____ Zip _____

Family Status
Please check all that apply to the status of the student's parents.
<input type="checkbox"/> Parents married <input type="checkbox"/> Parents separated <input type="checkbox"/> Parents divorced <input type="checkbox"/> Mother remarried <input type="checkbox"/> Father remarried <input type="checkbox"/> Father deceased <input type="checkbox"/> Mother deceased Was the student adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of adoption _____ Financial Responsibility for the student's tuition will be assumed by: _____ Names and relationships of any family members who have attended The Christian Montessori School: _____

Student's Educational Background		
Your child's present school: _____	Dates of enrollment _____ to _____	
School's Address _____	School Phone _____	
_____	_____	
City _____	State _____	Zip _____
Teacher or Advisor _____		
Previous School (s)	Address	Dates of Enrollment
1. _____	_____	_____
2. _____	_____	_____
Has your child had any specialized evaluations? If so, please list:		
Test/Evaluation _____	Administered by _____	Date _____
Test/Evaluation _____	Administered by _____	Date _____
Has your child received any specialized tutoring or private treatment within the last three years? If so, please describe.		

Contacts

Child will be released only to the parents/guardians listed below. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

Health Care Needs

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Is there a medical action plan attached? Yes No

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any particular health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

List any particular fears or unique behavior characteristics the child has. _____

List any types of medication taken for health care needs. _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child. _____

Emergency Medical Care Information

Name of health care professional _____ Office Phone _____

Hospital Preference _____ Phone _____

I, as the parent/guardian, authorize Christian Montessori School of Lake Norman to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

To be completed, signed and placed on file in the facility on the first day and updated as changes occur and at least annually.

Signature of Administrator _____ Date _____

2020-2021 Full-Year Programs (12 mo.) <i>August 17, 2020 – August 4, 2021</i>	2020-2021 Academic-Year Programs (10 mo.) <i>August 17, 2020 - May 26, 2021</i>	*2021 Summer Programs (2 mo.) <i>June 1, 2021 – August 4, 2021</i>
All Day (7:30am-5:30pm) <ul style="list-style-type: none"> <input type="checkbox"/> Infant (Tuition: \$1,234.46) <input type="checkbox"/> Toddler (Tuition: \$1,234.46) <input type="checkbox"/> Primary (Tuition: \$1,144.67) Full Day (8:00am-3:00pm) <ul style="list-style-type: none"> <input type="checkbox"/> Toddler (Tuition: \$1,123.30) <input type="checkbox"/> Primary (Tuition: \$1,003.13) 	All Day (7:30am-5:30pm) <ul style="list-style-type: none"> <input type="checkbox"/> Toddler (Tuition: \$1,211.49) <input type="checkbox"/> Primary (Tuition: \$1,130.22) Full Day (8:00am-3:00pm) <ul style="list-style-type: none"> <input type="checkbox"/> Toddler (Tuition: \$1,015.99) <input type="checkbox"/> Primary (Tuition: \$948.32) <input type="checkbox"/> Kindergarten (Tuition: \$875.71) Half Day (8:00am-12:00pm) <ul style="list-style-type: none"> <input type="checkbox"/> Toddler – 5 days (Tuition: \$807.52) <input type="checkbox"/> Toddler – 3 days (Tuition: \$496.46) <input type="checkbox"/> Toddler – 2 days (Tuition: \$331.15) <input type="checkbox"/> Primary – 5 days (Tuition: \$627.06) 	All Day (7:30am-5:30pm) <ul style="list-style-type: none"> <input type="checkbox"/> Infant, Toddler, Primary (Tuition: \$1,576.93) Full Day (8:00am-3:00pm) <ul style="list-style-type: none"> <input type="checkbox"/> Toddler, Primary and Kindergarten (Tuition: \$1,288.02) <p>*BASED ON AVAILABILITY</p>
Note: Program age groups fall approximately as follows: Infant = 6 weeks-18 months; Toddler = 18-36 months; Primary = 3 years-pre K; Kindergarten = Kindergarten by Oct.1, 2020		

NOTE:

Applications will not be processed without the \$100 application fee in the form of cash, check, or money order.