



5530 Medical Circle
 Madison WI, 53719
 608.273.8600
 608.441.9686 (fax)

director@madisonmontessori.org
www.madisonmontessori.org

School Year Application

All programs are 5 days per week. Children that attend in the afternoon also attend the morning program.

NAME OF CHILD _____ DATE OF BIRTH _____
 Please Print Last Name First Name

Preferred start date (month/day/year) ____/____/____

Toddler Program:

18 months-3-year-old children (nearly 3 year old children may be eligible for the Children's House Program)

- Morning program only 8:30 - 12:00 _____

Children's House Program:

Although not everyone is able to attend all three years, the Montessori class is a mixed age group of 3, 4, and 5-year-old children. Younger children have role models to look up to and older children get to be the leaders of the school. MCH prioritizes balancing each class when determining where a child is placed. After initial placement, the child usually stays in the same morning class for up to three years. The program best serves children that stay the full 3 years.

Year One: (3 and nearly 3-year-old children, independent use of bathroom is best but not required)

- Early arrival (before school care) 7:30 - 8:15 _____
- Morning program only 8:15 - 12:15 _____
- Afternoon program pick up options 3:15____, 4:15____, 5:15_____

Year Two: (4 and nearly 4-year-old children, independent use of bathroom is best but not required)

- Early arrival (before school care) 7:30 - 8:15 _____
- Morning program only 8:15 - 12:15 _____
- Afternoon program pick up options 3:15____, 4:15____, 5:15_____

Year Three: (5 and nearly 5-year-old children or the 3rd year of the Children's House Program)

This is the Extended Day (Montessori Kindergarten) year. Children enrolled will complete the Children's House program.

- Early arrival (before school care) 7:30 - 8:15 _____
- Extended Day program only 8:15 - 3:15 _____
- Afternoon program pick up options 4:15____, 5:15_____

Please fill out and sign the other side.

- ❖ A 10% discount for two children or 20% discount for three or more children will be applied to the lowest tuition.
- ❖ Please note that MCH follows, as much as possible, the Madison Public School calendar for holidays, conference days, winter break, spring break & winter weather closings
- ❖ The first day of school is for returning students only. New students start over the following two weeks—prearranged by staff and parents. This is to facilitate as smooth a transition as possible for each new student.
- ❖ If your child needs all year around care—MCH has a Summer Program.
- ❖ As a non-profit school budgeting at nearly full enrollment, with almost all operational costs covered by tuition, MCH is unable to offer tuition forgiveness for illness or travel.
- ❖ For all children enrolled, there is a six-week probationary period. (See the Montessori Children’s House Parent Handbook found in the MCH lobby or at <http://madisonmontessori.org/hb/handbook.pdf>)
- ❖ MCH will hold enrollment spots for Toddlers that haven’t turned 18 months by the first day of school, only if payment is made for that spot during the time in which it is being held.
- ❖ Monthly School Year Tuition Installments are paid September 5th through June 5th (June is a short month of school) Total School Year Tuition is the monthly installment times 10 installments. Summer program rates are posted on the summer application and are separate from the school year.

Parent/Guardian Information (Please Print Clearly)

Name _____ Home Phone # _____
 Address _____ Cell Phone # _____
 City/State/Zip _____ Work Phone # _____
 Relationship to child _____ Email _____

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 Address _____ Cell Phone # _____
 City/State/Zip _____ Work Phone # _____
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_____ **\$100 non-refundable annual registration fee enclosed for each child**

_____ **\$500 deposit enclosed (refundable, with notice given of intent to drop spot, via email, to director@madisonmontessori.org by June 15th for September start; during school year 30 days notice required for return of deposit)**

_____ **Please keep a copy of this application form for your records**

**I/we hereby request admission to MCH.
 I/we agree to read the handbook and abide by the policies of MCH.**

Parent/Guardian Signatures:

1. _____ Today’s Date: _____
 2. _____ Today’s Date: _____

Please fill out and sign the following permission form

MCH New Family Questionnaire

Child's Name: _____ Birth date: _____
(Last Name) (First Name)

Name by which child is most often called: _____

Current School: _____

Reason for leaving: _____

How did you hear about MCH? _____

The Montessori preschool/elementary program is best as a 3 year experience. How would you rate your interest in staying for that third Extended Day (kindergarten) year?

- _____ My child will attend the Extended Day program
- _____ My child will attend public kindergarten
- _____ I will consider the Extended Day program
- _____ My child will attend another private school for the kindergarten year

How much screen time does your child have every day? _____

What shows does your child watch? _____

Any food restrictions or preferences? _____

Any allergies or other health concerns? _____

Previous experience being away from Parents? _____

Previous group play experience? _____

Is your child toilet trained? _____ Any assistance needed? _____

Do they nap? _____ If so, when and how long? _____

Other children in the family? (What ages?):

What method of behavior management is used in your home, and what is your child's usual reaction?

Briefly describe your child's personality, including such things as your child's general temperament, social adjustment, developmental challenges, areas of concern, any therapy received and whatever else might be helpful to us:

Does your child respond to their name? _____ Primary language spoken at home? _____

Does your child ever exhibit aggressive behavior such as hitting, kicking, pushing or biting? _____

If so, do they display empathy over the situation? _____

How does your child handle transitions (i.e. moving from one activity to another)? _____

Anything else you would like us to know about your child/family _____

MCH Permissions

MCH doesn't believe in putting children's faces on social media (with the exception of Bloomz, see below). We do believe in sharing with the greater community what MCH is all about. To that end, may we share cropped photos/videos of your child (no faces & no names) on social media? In the event of needing photos of children including faces for our website/flyer/brochure, individual parents will be asked for their permission about a specific photo before it's used for media.

Yes _____ No _____

I understand Bloomz is used in my child's classroom as a secure communication tool between teacher and parents. I understand that photos (including face) of my child shared on the Bloomz site are for the purpose of viewing by myself and other parents within my child's class community. I understand that images uploaded on Bloomz will not be used for commercial gain, or will not be sold for commercial use. I agree to not download/save or share photos posted on Bloomz.

Yes _____ No _____

I grant permission for the staff of MCH to apply school supplied sunscreen (**Badger Brand Sunscreen, usually SPF 30**) to my child as needed throughout the time in which they are enrolled at MCH.

Yes _____ No _____

I understand that MCH is City of Madison Accredited, State Licensed & an AMS Verified School. Staff from these organizations may be used for consultation in a confidential manner. I authorize this center to release information for the purpose of improving the quality of the program and supporting staff to best meet the needs of children in the classroom.

I grant permission for MCH to publish personal information such as names, email addresses, and phone numbers in its parent directory (a directory solely intended for its parent community).

Yes _____ No _____

_____ I agree to read the Montessori Children's House Parent Handbook (found at madisonmontessori.org or by request) and abide by the school policies as so described.

Signature of Parent/legal guardian:

Date

Signature of Parent/legal guardian:

Date