



# PLYMOUTH-CANTON MONTESSORI SCHOOL

## Toddler/Preschool/Kindergarten Application for Admission

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ (\_\_\_\_\_) Girl \_\_\_ Boy \_\_\_  
last first middle nickname

Date of Birth \_\_\_\_\_ Age in September \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
number street city zip area code/number

Correspondence regarding this application should be addressed to:

Name \_\_\_\_\_ (please indicate Mr., Mrs., Ms., Dr. etc.)

Complete Address \_\_\_\_\_  
number street city zip

Child lives with (check all that apply):

Mother \_\_\_ Father \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Other \_\_\_\_\_  
relationship

Please check any that apply:

Parents married \_\_\_ separated \_\_\_ divorced \_\_\_ never married \_\_\_ Mother deceased \_\_\_ Father deceased \_\_\_

Financial responsibility for child will be assumed by \_\_\_\_\_

Parent/Guardian 1 (circle):

Parent/Guardian 2 (circle):

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone (area code/number) \_\_\_\_\_ Cell Phone (area code/number) \_\_\_\_\_

Business Phone (area code/number) \_\_\_\_\_ Cell Phone (area code/number) \_\_\_\_\_

E-mail Address (for internal use only) \_\_\_\_\_

E-mail Address (for internal use only) \_\_\_\_\_

School child is currently attending \_\_\_\_\_

Previous schools or child care experiences and dates enrolled \_\_\_\_\_

**SESSION PREFERENCE:** (Check all that apply. Indicate 1st and 2nd choice if half-day) \_\_\_ Toddler \_\_\_ Preschool/Kindergarten

Half-Day Morning Class	Half-Day Afternoon Class (ages 3-6 only)	Full Day Preschool Class	Half-Day Class with Unlimited Day Care	Part Time Day Care	Extended Day Kindergarten
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For full day or extra hours, indicate approximate arrival/departure times and days of use

Does child nap? \_\_\_\_\_

Names/ages of brothers & sisters \_\_\_\_\_

How did you learn about Plymouth-Canton Montessori School? \_\_\_\_\_

Medication(s) being taken (name and purpose) \_\_\_\_\_

Please list any special health problems \_\_\_\_\_

Are there any other problems or circumstances about which we should know? \_\_\_\_\_

Please list any allergies and/or foods which should not be eaten \_\_\_\_\_

## ENROLLMENT CONTRACT

Plymouth-Canton Montessori School agrees to enroll \_\_\_\_\_ for the 20\_\_-20\_\_ school year. In consideration of the acceptance of this Enrollment Contract by Plymouth-Canton Montessori School, the undersigned agrees to pay the required fees in accordance with the most recent tuition schedule, and as specified below:

For new applicants, a non-refundable registration fee in the amount of \$100 is required at the time of signing of this Enrollment Contract. For returning students and their siblings, a non-refundable registration fee of \$50 is required by the application due date.

	<u>Annual Payment</u>	<u>Semi-Annual Payment</u>	<u>Quarterly Payment</u>	<u>Monthly Payment</u>
Choose one option	<input type="checkbox"/> One payment due May 10	<input type="checkbox"/> Two payments due May and November	<input type="checkbox"/> Four payments due May, August, November & February	<input type="checkbox"/> Ten payments Due May through February

I understand that my obligation to pay the fees for the full academic year is unconditional and that no portion of fees paid or outstanding will be refunded or canceled in the event of absence, withdrawal or dismissal from the school of the above student. I understand that children are enrolled for the full school year (or portion remaining), and that I am responsible for the full tuition balance from the date of acceptance. I agree to pay, when applicable, other fees. These may include, but are not limited to, registration or re-enrollment fees, hourly day care, late payment or NSF fees, late pickup charges, or an occasional charge for a field trip or student-owned materials. I understand that my child will be denied admission to school and records will be held if tuition or fees are not paid in a timely manner. I further agree to pay PCMS's reasonable costs of collection related to my account, including attorney fees.

I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to accept the policies and regulations of the school and the payment of fees as referred to above. Furthermore, I agree to the policy of the school that student records will not be released unless an account has been paid in full.

## RELEASES AND STATEMENTS OF AGREEMENT

### **MEDICAL RELEASE**

I hereby declare that I am the parent or legal guardian of the above-named child. I give my consent, in the event that all reasonable attempts to contact me or designated emergency contacts have been unsuccessful, for Plymouth-Canton Montessori School personnel to seek treatment by my preferred physician, or in the event the preferred practitioner is not available, by another licensed person. I hereby release and discharge Plymouth-Canton Montessori School, its agents, employees, and officers, from all claims, demands, actions or judgments which the undersigned ever had, now has or may have against the school, its successors or assigned, for all personal injuries or illness, which the child named above may suffer or incur as a result of the actions of Plymouth-Canton Montessori School or in procuring medical treatment.

I certify that the child named above is in good health and free from any communicable disease or illness.

### **MODEL/PUBLICITY RELEASE**

I give permission for the above-named child's name, photograph, video or voice recording to be used for informational or publicity purposes in news stories, press releases, or similar items.

**FIELD TRIP PERMISSION/RELEASE**

I give permission for the above-named child to participate in field trips or outings with Plymouth-Canton Montessori School. Transportation, when necessary, will be provided by private car, with each child properly restrained, or by contracted bus. Supervision will be provided by PCMS staff and parents or other volunteers. On any field trip or outing, I understand that Plymouth-Canton Montessori School is not responsible for unavoidable accidents or the negligence or actions of persons not employed by or acting for PCMS.

**LUNCH AGREEMENT**

I agree to provide a lunch for my child on days when s/he will be at the center during the lunch period.

**DISMISSAL AGREEMENT**

I acknowledge that Plymouth-Canton Montessori School will release my child only to those persons authorized on the Child Information Page. I further acknowledge agreement with PCMS’s standard procedures used at the release of children in special circumstances.

I understand that PCMS personnel are not trained to make assessments relating to intoxication or other impairment and therefore assume no responsibility to assess the competency or condition of any individual appearing to pick up a child. PCMS assumes no responsibility for any injury or harm to a child who has been released to a person listed on the Child Information Page or who is authorized by a parent, either verbally or in writing, to pick up a child. PCMS staff respect each family’s privacy. However, where other questionable child release situations occur, they have a duty to maintain their role as the child’s advocate.

**STATEMENT OF UNDERSTANDING**

I have read the program description, policies and information, day care or latchkey policies and procedures, and tuition and fee schedule of Plymouth-Canton Montessori School. I understand and agree with the philosophy and policies, and accept the conditions and terms stated therein. Plymouth-Canton Montessori School reserves the right to modify the rules and policies at its sole discretion with written notice. Such notice requirements shall not be applicable in the event of emergencies or licensing mandates.

Enrollment, as specified within this Enrollment Contract, may be canceled by the parents or guardians in writing, without penalty (except forfeit of the Registration Fee) prior to May 10 of the year the child is to begin attending. If enrollment is canceled after May 10 of that year, parents or guardians financially responsible for the student are obligated to pay the full annual charges.

If any provision of this contract, program policies or procedures is held invalid or unenforceable, it should be ineffective only to the extent of the invalidity, without affecting or impairing the validity or enforceability of the remainder of the provision or the remaining provisions and intent of this contract. No waiver by PCMS of any right or remedy on one occasion shall be a waiver of that right or remedy on a future occasion.

This contract constitutes the entire agreement among the parties to it and supercedes any prior understandings or agreements. Each party acknowledges and states that no representation, inducement, or condition not set forth in this contract has been made or relied upon by either party.

This contract shall be interpreted in accordance with the laws of the State of Michigan.

My signature below affirms that I have read, understand and accept the terms and conditions of this contract.

Signatures of parents or guardians financially responsible for student:

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Parent/Guardian Signature Date Signed

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Parent/Guardian Signature Date Signed

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For Plymouth-Canton Montessori School Date Signed

Plymouth-Canton Montessori School does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, or disability in the administration of its educational or admissions policies.

A non-refundable registration fee of \$100 (\$50—re-enrollments and siblings of currently enrolled students) must accompany this application.

Return to: Plymouth-Canton Montessori School, 45245 Joy Road, Canton, MI 48187-1772