



# MONTESSORI CENTRAL SCHOOL

8625 NORTH 19TH AVENUE, PHOENIX, ARIZONA 85021

(602) 678-4470

admin@azmontessori.com

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## **Enrollment Procedure**

The parents and child visit the school for an interview with the administrator, by appointment. At this time, they also observe a classroom in session. The teacher and/or administrator observe the child while in the classroom and the outdoor environment. During this time the program is explained to the parent and questions asked and answered regarding policies, schedules, fees, staff qualifications, discipline, etc.

The following forms must be completed at the time of enrollment:

1. Application for Admission
2. General Release Form.

The \$100.00 registration fee is due when application is submitted.

## **Admission Requirements**

The child should be between 3 and 3-1/2 years of age, or have previous Montessori experience. The Montessori Central School strongly endorses a three-year program to provide maximum advantage of the Montessori method, including the kindergarten year. A two-year program is the minimum recommended enrollment, unless of course the child has previous Montessori experience. Children should be toilet trained and weaned. Manageable behavior and obedience are expected. The child should be able to follow simple directions, such as "Put the puzzle on the shelf and come sit down."

If no spaces are available in the school, the child may be placed on a waiting list after submitting a completed enrollment form having an interview with the administrator as in the Enrollment Procedure, and paying the \$100.00 registration fee. No fees are refundable. No guarantees are made for desired placement, which is dependent upon space as available.

Children may be enrolled at any time during the school year.

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Registration fee of \$100.00 is required to complete the application. Date received: \_\_\_\_\_

**Please print all information**

I wish to place my child at the Montessori Central School beginning \_\_\_\_\_

I have selected the Half Day Full Day Extended Day Program for my child. (Circle one)

Child: \_\_\_\_\_  
Last name First name (Nickname) Middle name Birth date

Address: \_\_\_\_\_  
Street Apt. # City Zip code Home phone

**Father:**

Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**Mother:**

Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**Emergency Information:**

If neither parent can be reached, whom can we contact in case of an emergency?

\_\_\_\_\_  
Name Phone Relationship to Child

**Medical Information:**

Please describe, in detail, any medical condition your child has (including food/medication allergies, dietary restrictions, seizures, etc.). Use additional sheets of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's Personal Information:**

Parent's Marital Status: (Circle one)      Married                  Separated                  Divorced                  Single

If divorced with whom does child generally live? \_\_\_\_\_ Age of child at time of divorce? \_\_\_\_\_

Are parents remarried? Father \_\_\_\_\_ Mother \_\_\_\_\_ Age of child at time of remarriage \_\_\_\_\_

Is either parent deceased? \_\_\_\_\_

Is either parent away from home for long period of time? \_\_\_\_\_

Is the child adopted? \_\_\_\_\_ At what age? \_\_\_\_\_ Is child aware of adoption? \_\_\_\_\_

Is the child regularly cared for by anyone other than parents? \_\_\_\_\_

Name of care giver \_\_\_\_\_ What portion of the day? \_\_\_\_\_

In his home? \_\_\_\_\_ If not, where? \_\_\_\_\_

Child lives in: House \_\_\_\_\_ Apartment \_\_\_\_\_ Other \_\_\_\_\_ Is there a yard to play outdoors? \_\_\_\_\_

Does child have a room alone? \_\_\_\_\_ Shares room with \_\_\_\_\_

**Describe the child's play activities:**

Outdoors \_\_\_\_\_

With other children \_\_\_\_\_

Favorite activities: \_\_\_\_\_

Favorite toys and books: \_\_\_\_\_

How much T.V. does child watch? \_\_\_\_\_ What programs? \_\_\_\_\_

How does the child get along with parents? \_\_\_\_\_ With siblings? \_\_\_\_\_

How does the child get along with other children? \_\_\_\_\_

Has the child attended school before? \_\_\_\_\_ Where? \_\_\_\_\_

What is your reason for choosing a Montessori School?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our school?

\_\_\_\_\_

The Montessori Central School strongly endorses a three-year program to provide maximum advantage of the Montessori method, including the kindergarten year. **A two-year program is the minimum recommended enrollment**, unless of course the child has had previous Montessori.

How long do you intend to leave your child in a Montessori School? \_\_\_\_\_

**Other children in the family:**

Name	Age
_____	_____
_____	_____
_____	_____

**Other members of the household (grandparent, housekeeper, etc.)**

Name	Relationship
_____	_____
_____	_____

**Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent(s) or Guardian(s)

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

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## General Release Form

No child will be admitted until all the necessary forms have been completed and returned to the school and approved by the Administrator.

Children will be admitted on the basis of a pre-enrollment interview. The school reserves the right to discharge, at any time, any child whose presence, in the opinion of the School, is detrimental to the program of the School and who is not benefitting from his instruction.

1. Montessori Central School may use photographs, reproductions and/or sound recording of my child(ren). Such use may include advertising and publicity purposes.

2. I hereby release, indemnify and hold harmless Montessori Central School and its staff from any loss or damage to toys, clothes or any other personal articles.

3. I hereby warrant to Montessori Central School that I am entitled to legal custody and possession of my child(ren) and, accordingly, am authorized to place my child(ren) in your care and custody and am further authorized to sign this release form.

4. On admission of my child(ren) to Montessori Central School, I agree to observe the regulations as set forth by the school.

5. The "Sensory Garden" is considered a field trip by the Arizona regulatory authorities. I hereby agree for my child to participate in all activities in the school garden located within the school boundaries of 8625 N. 19<sup>th</sup> Avenue, Phoenix, AZ 85021.

6. I hereby consent to have my child(ren) participate in walks or rides away from the school grounds to nearby points of interest. I will be notified of such field trips in advance.

7. I am aware that Montessori Central School's liability insurance policy covers only student formally enrolled and not other children using the facilities. Therefore, if for any reason, I bring to school children other than those enrolled and in the event that they should sustain injuries on said premises, I hereby release and absolve the School completely and totally from all responsibility or blame for any and all such injuries and subsequent consequences thereof, if any. The above also pertains to any animals brought onto the premises.

8. Parents often have a need to contact other parents: therefore, a parent directory is compiled at the beginning of each year, which is distributed only to other parents. I authorize Montessori Central School to include my name, home address, e-mail address and telephone number in the Parent Directory.

9. Parents have access to Montessori Central School at any time.

Signature of Parent(s) or Guardian (s)

\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_