



**MONTESSORI
• SCHOOL •**

1515 S. National Ave., Springfield, MO 65804
(417) 631-4590

2017-2018 Application for Admission

Applying for: **Toddler:** (16 months-3 yrs): Half-day 8:30-11:30 Full-day (8:30 – 3:30)

Primary: Half-day (3 yrs-4 yrs) Full-day (3 yrs-4 yrs) Full-day Kindergarten

Lower Elementary: 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade

I am also requesting: Early Birds (7:30-8:30am) AfterCare (3:30-5:30pm)

CHILD INFORMATION

Child's full name: _____

Date of Birth: _____ Gender: _____

Home Address: _____

Home Telephone: _____ Home e-mail address: _____

FAMILY INFORMATION

Parent/Guardian

Parent/Guardian

Name: _____ Name: _____

Spouse Name: _____ Spouse Name: _____

Address: _____ Address: _____

(If different from applicant)

(If different from applicant)

Home Phone: _____ Home Phone: _____

Firm/Employer: _____ Firm/Employer: _____

Occupation: _____ Occupation: _____

Cell /Office Phone: _____ Cell/Office phone: _____

E-mail: _____ E-mail: _____

List other children in the family starting with the eldest:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

HEALTH

Describe the student's general health (including allergies): _____

Is your child toilet trained? Yes No

Specify any special educational, physical, or emotional needs of your child: _____

Has your child ever suffered a serious injury or illness? _____

Is your child under the care of any physician? If so, briefly describe: _____

Please list any current medications: _____

EDUCATION

What is your experience with Montessori education? _____

Does your child have Montessori experience? _____

What specific goals do you have for your child in our Montessori school? _____

Previous schools attended by applicant:

Name _____ Address _____ Dates _____

Name _____ Address _____ Dates _____

What are your educational plans for your child for kindergarten and beyond? _____

OTHER

Is English your first language? _____ If no, what language do you speak in your home? _____

_____ Does your child speak English? _____

What are your child's special interests and talents? _____

What kinds of things do you enjoy doing with your child? _____

How do you discipline your child? _____

How did you first hear about DGMS? _____

Additional Comments: _____

PLEASE NOTE:

- The School programs require a full school year Contract to be signed.
- The School Year begins in August, ends in May/June (depending on Snow Days if applicable), and reflects school holidays and breaks. Generally, we **closely follow** Springfield Public Schools' Calendar Year.
- Full Day students must bring their own lunch. (*Half Day students may be asked to do so as well, depending on the classroom schedule.*)
- A non-refundable application fee of \$100 must accompany your signed application.
- Within one calendar week of our contact with you regarding acceptance, the signed Contract together with the non-refundable and non-transferable Enrichment & Materials Fee of \$300 must be received by the school to secure your child's space. Failure to submit this payment within the designated period will result in forfeiting the space.
- We **may** offer additional programs during Enrichment which will be an additional fee (dance, music, foreign language, yoga, etc).
- All families are encouraged to volunteer to help improve the school through special projects and routine duties and tasks. Please contact the office if you are available to volunteer.

I have read all the information provided on this application and in the Enrollment Contract and agree to all the terms.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Discovery Garden Montessori School recruits and admits students of any race, color, national and ethnic origin, or religion to all its rights, privileges, programs, and activities. In addition, Discovery Garden Montessori School will not discriminate on the basis of race, color, national or ethnic origin or religion in the administration of its educational policies, admission policies, scholarship programs and other school administered programs.

OFFICE USE ONLY:

Date received _____ Toddler 1 _____ 2 _____ Primary 3 _____ 4 _____ K _____
Date of Interview _____ Elementary 1st _____ 2nd _____
Date of Notification _____ Childcare: Early Bird _____ Enrichment Care _____
Date of Enrollment _____ First Day of Class _____

FEES PAID: \$100 Application _____ \$300 Enrichment & Materials _____