



**Christian Montessori School**  
OF LAKE NORMAN

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## ENROLLMENT APPLICATION 2019-2020

### 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	
<b>Please list grandparent information.</b>	
Paternal Grandparents: Name(s) _____ Mailing Address: _____ _____ City State Zip	Maternal Grandparents: Name(s) _____ Mailing Address: _____ _____ City State Zip

Family Status
<b>Please check all that apply to the status of the student's parents.</b>
<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 _____ _____ City State Zip	School Phone _____	
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 \_\_\_\_\_

<b>2019-2020 Full-Year Programs (12 mo.)</b> <i>August 12, 2019 – August 5, 2020</i>	<b>2019-2020 Academic-Year Programs (10 mo.)</b> <i>August 12, 2019 - May 22, 2020</i>	<b>*2020 Summer Programs (2 mo.)</b> <i>May 28, 2019 – August 5, 2020</i>
<p>All Day (7:00am-6:00pm)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Infant (Tuition: \$1,198.53)</li> <li><input type="checkbox"/> Toddler (Tuition: \$1,198.53)</li> <li><input type="checkbox"/> Primary (Tuition: \$1,111.34)</li> </ul> <p>Full Day (8:00am-3:00pm)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toddler (Tuition: \$1,090.55)</li> <li><input type="checkbox"/> Primary (Tuition: \$973.89)</li> </ul>	<p>All Day (7:00am-6:00pm)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toddler (Tuition: \$1,176.25)</li> <li><input type="checkbox"/> Primary (Tuition: \$1,097.26)</li> </ul> <p>Full Day (8:00am-3:00pm)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toddler (Tuition: \$986.37)</li> <li><input type="checkbox"/> Primary (Tuition: \$920.72)</li> <li><input type="checkbox"/> Kindergarten (Tuition: \$850.17)</li> </ul> <p>Half Day (8:00am-12:00pm)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toddler – 5 days (Tuition: \$784.00)</li> <li><input type="checkbox"/> Toddler – 3 days (Tuition: \$481.97)</li> <li><input type="checkbox"/> Toddler – 2 days (Tuition: \$321.48)</li> <li><input type="checkbox"/> Primary – 5 days (Tuition: \$608.83)</li> </ul> <p>AM Extended Care (7:00am-8:00am)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toddler, Primary and Kindergarten (Tuition: \$94.13)</li> </ul> <p>PM Extended Care (3:00-6:00pm)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toddler, Primary and Kindergarten (Tuition: \$281.89)</li> </ul>	<p>All Day (7:00am-6:00pm)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Infant, Toddler, Primary (Tuition: \$1,531.16)</li> </ul> <p>Full Day (8:00am-3:00pm)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toddler, Primary and Kindergarten (Tuition: \$1,250.50)</li> </ul> <p>AM Extended Care (7:00am-8:00am)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toddler, Primary and Kindergarten (Tuition: \$94.44)</li> </ul> <p>PM Extended Care (3:00-6:00pm)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toddler, Primary and Kindergarten (Tuition: \$284.82)</li> </ul> <p><b>*BASED ON AVAILABILITY</b></p>
<p><b>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, 2019</b></p>		