

Quail Hollow



Montessori

Date:

Desired Schedule: (circle days/times)

M am/pm T am/pm W am/pm Th am/pm F am/pm

Preferred Start Date: \_\_\_\_\_

expected arrival time 7:30 8:00 8:30 9:00

## Application For Admission

### Child

Child's Full Name - First, Middle, Last

Birthdate

Age

Male or Female

Home Address

City, State, Zip Code

Previous Childcare/Preschool Attended

Length of Attendance

<b>Parent/Guardian</b> Name	<b>Parent/Guardian</b> Name
Home Address (if different than above)	Home Address (if different than above)
Occupation	Occupation
Email Address	Email Address
Home Phone                  Work/Cell Phone	Home Phone                  Work/Cell Phone
Who of named parent/guardian is responsible for fees?	Names and ages of siblings.
To whom should billing be sent if other than above?	
Name                                  Phone	How did you hear about Quail Hollow Montessori?
Address	

**The following information will enable us to get to know this child better.**

What are your educational goals for this child? How do you see QHM facilitating these goals?

What role can we expect the child's parent(s)/guardian(s) to play in facilitating this child's educational goals?

Does this child have any hobbies, sports or special interests, or unusual capabilities or talents?

How do you see this child in his/her social/emotional development?

Does this child have foreign language background?

Is this child's general development and academic performance in his/her present/prior school consistent with your expectations?

Is there any significant medical history about which we should be aware and/or have any diagnostic evaluations (educational or psychological) ever been suggested or completed for this child? Please give details. Please request that a copy of educational testing or evaluation be sent to us.

Are you aware of any areas in which we might be able to give special help and encouragement to this child?

*Quail Hollow Montessori has a non-discriminatory policy relative to race, color, and national origin with respect to the admission of students and the employment of faculty and administrative staff.*

*Quail Hollow Montessori considers the records of all individual students to be confidential information available to a child's parents or guardians upon request. Records will only be released to other schools or agencies upon signed request from a parent or guardian and only after all accounts due are paid in full.*

**Application Procedure:**

1. Parents, by appointment, observe in the classroom and meet with the center manager or program coordinator.
2. Parents submit an application with application fee.
3. Upon acceptance, a signed admission agreement and one month's tuition are due as a non-refundable deposit to hold the future start date and schedule. There will be fee of \$250 for a change of start date or schedule. Alternatively, for a \$250 non-refundable deposit, you can be placed on the waitlist.

**Application Fees:**

Please submit your application along with the application fee.

Payment Method: check  credit card.

I hereby authorize the use of my credit/debit card to remit payment for the amount noted.

credit card number

Exp. Date

Signature of Cardholder

Printed name as it appears on card.