

CHILD'S Name: _____

First

Middle

Last

**CHARLEVOIX
CHILDREN'S HOUSE**



A Montessori School

Rev. 04/20

===== **Application for Enrollment** =====

APPLICATION PROCEDURE

1. Parents, by appointment, observe a class in the school and meet with the director.
2. Parents submit an Application and First-Time Family Enrollment Deposit of \$200.00 to CCH, Inc.
3. The Director will interview all prospective students and parents.
4. Upon acceptance, a signed Tuition Agreement Contract is required.
5. Class size is limited to 20 students. Deposit and Contract for fall enrollment are due by May 31st.
6. Submit required Immunization Record, Health Appraisal Form, and completed Emergency Card to be kept on file at CCH, prior to child's initial attendance.

Applying for school year: _____

_____ 5- Mornings (7:30 – 11:30)
 _____ 5- Full School Days (7:30 – 3:00)
 _____ 3- Mornings (7:30 - 11:30)
 _____ 3- Full School Days (7:30 – 3:00)
 _____ Lunch Hour Care (11:30 – 12:45)
 Extended Child Care: _____ 4:30 or _____ 5:30 pick-up

_____ Male _____
 Birth Date _____ Age @ enrollment: years / months

_____ Female _____
 Previous school experience:

 Montessori school duration

 Other school duration

Reason for applying to CCH: _____

MOTHER or GUARDIAN

FATHER or GUARDIAN

Name

Name

Mother's Home Address

Father's Home Address

Employed at:

Employed at:

Home Phone Work Phone

Home Phone Work Phone

e-mail address or fax #

e-mail address or fax #

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BROTHERS & SISTERS

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GRANDPARENTS

Names and Ages

Names and Address (Town/State)

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Signature of Parents or Guardians:

Date of Application: _____

Mother/Guardian: _____ Father/Guardian: _____

Charlevoix Children's House, Inc. 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.

Charlevoix Children's House, Inc. 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.

Please return this form to:

CHARLEVOIX CHILDREN'S HOUSE, INC.

(231) 547-5599
(please leave message)

Attn: Enrollment
08700 Mercer Blvd.
Charlevoix, MI 49720

OFFICE USE ONLY:

Date received _____ Date to begin enrollment _____

Date of Interview _____ Morning _____ Full Day _____ Extended Childcare _____ Pick-up time: _____

Acceptance Date _____ schedule _____

Director's Notes:

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ENROLLMENT FEE - - \$200 with application _____ (date paid) Payment Method: _____