

CHILD'S Name: _____

First

Middle

Last

**CHARLEVOIX
CHILDREN'S HOUSE**



A Montessori School

Rev. 04/21

===== **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.

Class size is limited to 20 students. Deposit and Contract for fall enrollment are due by May 14th. Preference is given to: 1. Alumni families 2. Students with previous Montessori experience 3. Families seeking a full-time (5 full days) program.

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Applying for school year: _____ Schedule Preferences (please select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> 5- Mornings (8:00 – 11:30) | <input type="checkbox"/> 5- Full School Days (8:00 – 3:00) |
| <input type="checkbox"/> 3- Mornings (8:00 - 11:30) | <input type="checkbox"/> 3- Full School Days (8:00 – 3:00) |
| <input type="checkbox"/> Lunch Hour Care (11:30 – 12:45) | Extended Child Care: <input type="checkbox"/> 4:30 or <input type="checkbox"/> 5:30 pick-up |
| <input type="checkbox"/> 5- Kindergarten Days (8:00-3:00) | <input type="checkbox"/> Kindergarten Daycare (up to 5:30) |

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

e-mail address

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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 a 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: _____