

CHILD'S Name: \_\_\_\_\_

First

Middle

Last



Rev. 03/12

=====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 31 students. Deposit and Contract for fall enrollment are due by May 1<sup>st</sup>.
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:**  
  
(231) 547-5599  
(please leave message )

**CHARLEVOIX CHILDREN'S HOUSE, INC.**  
**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: \_\_\_\_\_