# Montessori School of Central Vermont

## Application for Enrollment

Date of Application _____ Application for the school year of _____

Child's Name _____ Age ___ Male/Female Date of Birth_____
Mailing Address _____Home phone_____
City or town _____Zip Code_____

**Parent Information:**

Parent's name: _____ Parent's name:_____
Address:_____ Address:_____
_____ _____
Phone:_____Work phone_____ Phone_____ Work Phone_____
Email:_____ Email:_____
Occupation:_____ Occupation:_____

Birth date and sex of siblings:

Describe your previous Montessori experience?

What interests you specifically about Montessori?

How many years do you plan to attend Montessori School of Central Vermont, Inc,?

List any previous schools (public or private) attended and your experience:

Is there anything you would like us to know about your child?

How did you hear about our schools?

Are you considering other school programs? If so which ones?

(Continue to next page)

# Montessori Education Programs

## *Children's House Program (Ages 3-6)*

__ Morning Montessori (8:30am-12:00pm) 5 days a week

__ All Day Montessori (Morning Program with two to five consistent afternoons until 3:00pm)
How many afternoons? ___
What days do you prefer?

__ Kindergarten Year Montessori (8:30am-3:00pm): For all Kindergarten aged children.

## *Elementary Program (Ages 6-12)*

**Early Elementary**

__ 1st grade

__ 2nd grade

__ 3rd grade

**Upper Elementary**

___ 4th grade

___ 5th grade

___ 6th grade (available beginning Fall 2014)

**Tuition payment plan requested**: _ single payment (one payment due Aug)
_ quarterly (3 payments due Aug, Nov, and Feb)
_ monthly (10 monthly payments)

Tuition billing should be sent to:_____

**Financial Aid**

To apply for financial aid you must submit an application online at http://sss.nais.org/parents. The Montessori School of Central Vermont school code is 1094.

__ Please check here if you have applied for **financial aid**.

## *Optional Care Programs:*

*As a service to our parents, we offer these programs to accommodate busy schedules. Optional Care Programs are scheduled and* ***billed separately*** *from Montessori Programs, and are only available to children enrolled in a Montessori Program.*

__ Early Care (available from 7:30am-8:30am before the start of the school day Monday through Friday)
Number of days per week? ___
__ After Care (available from 3-5:15pm after the end of the regular school day Monday through Friday)
Number of days per week? ___

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**Please return ALL applications to: MSCVT, 89 Karl Circle, Number 3, Berlin, VT 05602.**
Questions? Please call our office at 223-3320.