Montessori Community School Est. 1985
Salt Lake City, Utah

ADMISSIONS INFORMATION
Early Childhood Program (Ages 3 – 6)
2017 – 2018 School Year & Full Year

The first step in the admissions process is to contact the admissions office to arrange for an adults only tour. The tour is *required* for admission.

To apply for admission, submit a completed application form and a non-refundable $50 application fee to the admissions office.

If your child has attended a school prior to your application, please submit the most recent teacher evaluation.

Once *all* of these documents have been received, you will be invited to a Parent Interview with Administration. This meeting is an opportunity to make sure that parents have an accurate understanding of Montessori Education and reasonable expectations of our school as well as giving Administration the opportunity to express our expectations of families and to determine that all adults involved will work together in support of the child. The interview is an excellent time for parents to ask additional questions about the school and to ensure that there is a good match between your family and the school.

At a later date, your student may be invited to spend time in the classroom to determine the potential for success within a Montessori environment.

If your application is accepted, you will receive an acceptance letter and an enrollment packet; which will need to be completed and returned with the $600 non-refundable commitment fee. *$400 of this fee will be applied towards the annual tuition; $200 is a general administrative fee. Early Withdrawal will result in the forfeiture of the entire $600.*

We look forward to receiving your application and getting to know your child and your family.

Ashlee Haslam
Office and Admissions Administrator
ashleehaslam@mcsslc.com

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APPLICATION FOR ADMISSION

Early Childhood Program (Ages 3 - 6 Years)
2017 - 2018 School Year & Full Year

The admissions process consists of this application form, a non-refundable application fee of $50, and a parent/guardian tour and interview. Children may be asked to spend time in the classroom prior to acceptance for admission. The contents of this application and all other submitted information will be considered confidential. Montessori Community School welcomes all qualified individuals regardless of sex, race, color, religion or national /ethnic origin and acceptance of a child will be determined by our Admissions Committee.

Upon acceptance, you will be required to pay an annual, non-refundable commitment fee of $600. $400 of this fee will be applied towards the annual tuition; $200 is a general administrative fee. Early withdrawal will result in the forfeiture of the entire $600.

Please respond to each item. If an item is not applicable, simply indicate "N/A."

Application Date _____ **Start Date Requested** _____

First Day School Year: August 23, 2017

We have had a Tour: Yes No
If yes, approximate date: _____
We have attended an Open House: Yes No

Student's First & Last Name _____ Female Male
Student's Birth Date _____
Student's Home Address (include Zip Code)_____
Student's Home Phone Number _____

Is your child completely toilet trained? Children must be toilet trained by the time they start the Early Childhood program. "Toilet Trained" means that your child is able and willing to independently use the toilet in all aspects, including dressing/undressing, wiping, etc. We understand that a toilet trained child may have an occasional accident. However, we would not consider a child that is having accidents on a daily basis to be toilet trained.

Yes No If no, please provide details
_____
_____
_____

Check the requested program: See tuition schedule for details.
____ Full Year (including Summer 2018) (August 23, 2017 through August 10, 2018)
____ School Year (August 23, 2017 through June 6, 2018)

a. **The above options do not include Winter Camp, Spring Camp, or Interim Camps.**

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Check requested schedule:

Four Day Options: __M or __F (check desired day off)
____ School Days (9:00 am to 3:30 pm)
_____with Early Morning (7:30 am to 3:30 pm)
_____with Afternoon (9:00 am to 6:00 pm)
_____with Extended Day (7:30 am - 6:00 pm)

Five Day Options:
____ School Days (9:00 am to 3:30 pm)
_____with Early Morning (7:30 am to 3:30 pm)
_____with Afternoon (9:00 am to 6:00 pm)
_____with Extended Day (7:30 am – 6:00 pm)

Does the applicant have a sibling currently enrolled in the Montessori Community School?
Yes No If yes, name and class: _____

Parent/Guardian's Name _____
Occupation: _____
Place of Work: _____
Phone: Home _____ Work _____ Cell _____
Email: _____

Parent/Guardian's Name _____
Occupation: _____
Place of Work: _____
Phone: Home _____ Work _____ Cell _____
Email: _____

Parents: Married Divorced Separated Other_____
Student Lives With: Mother Father Both Other_____

Names and ages of brothers and sisters and where they attend school:
_____
_____
_____

STUDENT PERSONAL HISTORY AND INFORMATION

What is your experience with Montessori Education?
_____
_____
_____

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How did you learn about the Montessori Community School?

- ☐ Word of mouth/ Referral. If a friend or relative recommended our school to you, please list their name so we can thank them. _____
- ☐ Online/ Search Engine: Google Private School Review UtahMontessori.org Greatschools.org Facebook MCS Website
- ☐ Other: _____

List all schools, or away-from-home childcare settings, previously attended and dates of attendance for each school/childcare setting: _____
_____
_____

How long do you anticipate keeping your child enrolled in our School?
_____
_____

What educational goals do you have for your child? _____
_____
_____
_____

How do you see the Montessori Community School assisting you in meeting these goals?
_____
_____
_____

How would you describe your child's personality and learning style?
_____
_____
_____

What do you consider to be your child's strengths? _____
_____
_____
_____

Are there any areas in which you feel support is needed? _____
_____
_____

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What do you feel is most important about your child's social development?

_____
_____
_____

How do you see your child in his/her social development? _____
_____
_____
_____

Describe any special educational, physical or emotional needs of your child:

_____
_____
_____

How does your family enjoy spending time together? _____
_____
_____

What techniques do you use to discipline your child?

_____
_____
_____

Does your child have any foreign language background? _____
_____
_____

Does your child have any hobbies, sports, special interests or talents?

_____

Does your child participate in household chores, duties, or other family responsibilities?

_____
_____
_____

As a member of our school community, what talents, interests, and/or resources can you share to enhance our Montessori School community?

_____
_____
_____

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Write a brief paragraph about your child including any information that you feel would help us understand your child better. Please feel free to attach an additional page.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

1. PAYMENT OPTIONS

Should my child be accepted, I will hereby choose and agree to the following payment option for tuition due:

◯ **Option 1- 1 Payment**

I will pay the annual tuition due directly to the Montessori Community School, on or before July 20, 2017. I will receive a 3% discount if paid in full by July 20, 2017. If my child does not complete the entire school year, this discount is forfeited. I understand that I have the option to have FACTS automatically withdraw payment or I may submit a check to the Administrative Office by July 20, 2017.

◯ **Option 2- 2 Payments**

I will pay the annual tuition due directly to the Montessori Community School, in two equal installments, the first payment due on or before July 20, 2017; the second payment due on or before November 20, 2017. I will receive a 1.5% discount with this option. If my child does not complete the entire school year, this discount is forfeited. I understand that I have the option to have FACTS automatically withdraw payments or I may submit a check to the Administrative Office by July 20, 2017 and November 20, 2017.

◯ **Option 3 – Monthly Payments**

I will pay the annual tuition due in monthly installment payments, and I will be required to enroll with FACTS Tuition Management Company. FACTS charges a $45 annual enrollment fee which is non-refundable. Upon receipt of my agreement, FACTS will automatically deduct this fee from my designated bank account. They will then automatically withdraw equal monthly tuition installments on the 20th of each month, with the first installment paid in July and the final payment in April if enrolled for school year or June if enrolled for full year.

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◯ **Tuition Assistance**

Please check here if you plan to apply for tuition assistance. To apply, go to factstuitionaid.com and click on Applicant Sign In to either create an account or to log in. Please note that our school listing is posted as Educational Alternatives Montessori School.

2. PAYMENT METHOD

◯ FACTS Tuition Management. Required for making monthly payments, but also available for making 1 or 2 payments. (Debit and Credit Cards accepted).

◯ Cash or Check only to Montessori Community School. Option available for making 1 payment or 2 payments. (Check, money order, or cash remitted directly to the Administrative Office.

3. PAYMENT FOR FEES

Please select whether you would like all fees to be paid by July 20th or would like to have your fees blended. Also, if your child is a Kindergarten student, please indicate if you would like them to participate in the Winter Sports Program.

Tuition Assurance Program

If a family elects to participate in the *Tuition Assurance Program*, the withdrawing family's/student's obligation will be limited to and prorated to the actual number of days attended, plus all fees associated with the student's program level. Of the $600 commitment fee collected, $400 will remain applied to tuition and will not be forfeited, as it would be if participation in the Tuition Assurance Program were not elected. 30 days written notice is required for all withdrawals covered under this program. Should 30 days notice not be given, the family/student will be obligated to pay for any shortfall in notice, up to 30 days. The fee for the 2017 – 2018 Tuition Assurance Program is 2.5% of the student's tuition and must be paid in full by July 20th.

◯ I elect to participate in the Tuition Assurance Program

◯ All fees to be paid by July 20th, 2017.

◯ All fees to be blended into monthly payments. Option *unavailable* for making 1 payment, Payment Option 1, or 2 payments, Payment Option 2.

◯ **My Kindergarten student WILL participate in the Winter Sports Program.**

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Description	Fee
Teacher Development	$100.00
Field Trip/ Activity Fee	$125.00
Dual Language Fee (if applicable)	$250.00
Winter Sports Fee (Kindergartners Only)	$250.00
Tuition Assurance Program	2.5% of Total Tuition

4. WITHDRAWAL POLICIES

All withdrawals must be submitted to the Administrative Office in writing. Any early withdrawal will result in the forfeiture of the entire $600 commitment fee.

If you withdraw your child:

a. Between July 21, 2017 and August 21, 2017, you will be responsible for payment of 30 days of tuition, in addition to the forfeiture of the $600 non-refundable commitment fee.
b. Between August 22, 2017, and November 30, 2017, you will be responsible for 50% of the school year tuition.
c. After December 1, 2017, you will be responsible for 100% of the school year tuition.
d. After January 31, 2018, you will be responsible for 100% of the school year tuition plus summer tuition if you chose the full year option.

5. MISSED OR SICK DAYS

The classroom is prepared to accommodate your child, and their space is reserved. We do not credit days or money for missed days due to vacations or illnesses.

6. PARENT PARTICIPATION

A minimum of ten (10) hours of service per child are required each year. Parents are responsible for recording hours served on their family log sheet. In addition to the sign up sheets available at your child's classroom back to school night, we invite you to share your hobbies or skills, your ethnic customs and celebrations, travels in different countries. We welcome parents' professional expertise (i.e. medical career, fire-fighter) inside the classroom by providing a class presentation. Our PSA also has committees you may sign up to help with. Participation hours can also include cleaning, helping with laundry, working in the gardens, chaperoning on field trips etc. Family log sheets are due May 1st, 2018. Families will be billed $20 per hour for all participation hours not completed. We really prefer, however, that the participation hours be satisfied as we feel that your involvement in your child's school is most beneficial.

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7. SIGNATURES

I, the undersigned, hereby request the Montessori Community School to enroll the above named student and agree to pay the annual tuition and any additional charges incurred. It is agreed that:

1. You do hereby authorize the staff of the Montessori Community School and any professional consultants retained or employed by the Montessori Community School to utilize all medical, psychological and other information coming to them concerning the condition of my child for the benefit of my child and as circumstances warrant in the discretion of the Montessori Community School. Except in such circumstances, all such information shall be kept confidential in compliance with the Utah Family Educational Rights and Privacy Act and the Federal Family Education Rights and Privacy Act.

2. You do hereby release, discharge and hold harmless the Montessori Community School and all of its agents and employees from, and agree to indemnify them and each of them against all action, claims, and demands of every kind and nature whatsoever pertaining to any physical, mental or emotional injury, condition, disability, infirmity, or impairment of my child, except for such claims as arise from gross negligence, willful, wanton or intentional conduct or misconduct of the Montessori Community School, its agents or employees. This indemnification shall survive my child's enrollment and attendance at the Montessori Community School.

3. In the event it is necessary for the Montessori Community School to obtain an attorney to enforce the terms of this Agreement, whether with or without suit, the undersigned agrees to pay all costs and expenses of collection associated with such collection.

I have read and agreed to the above.

Signature of: **Mother/Guardian** _____**Date**_____

Signature of: **Father/Guardian** _____**Date**_____

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SPANISH /ENGLISH DUAL LANGUAGE
Early Childhood
APPLICATION FORM
2017 - 2018 School Year

Completion of the entire three-year Early Childhood Dual Language curriculum is critical to the child's development of the Spanish language. The first and second years are spent building vocabulary and laying the foundation for speaking, reading, and writing the language. Of the three years, the third and final year is the most important and is essential to the child's optimum experience in the Early Childhood Montessori Program.
First consideration will be given to 3-year-old students who meet our criteria but we will consider older children whom we feel would benefit from and enhance the class. Children remain in a sensitive period for language development until around six years old. We require a three-year commitment from parents who wish to enroll their students in a Dual Language classroom.

NAME OF STUDENT _____

* Please consider my child for the Spanish/English Dual Language Early Childhood Class for the 2017 - 2018 Academic Year.

I understand that a $250 Materials Fee will be charged as part of the enrollment requirement for this class and will be invoiced annually. (If your child is selected to participate in this class, you will be invoiced for the Materials Fee.)

Please complete and submit this application with Early Childhood Application.

Acceptance of your child into this class is not guaranteed as the number of applications may exceed available spaces. Applications of siblings will be considered together.

Over

Please write a paragraph or two about why you would like your child to be enrolled in this program.

_____
_____
_____
_____
_____
_____

Should your child be accepted into the Dual Language Spanish/English class, in what ways would you support your child in enriching his or her Spanish language development and cultural experience?

_____
_____
_____
_____
_____
_____

Is Spanish spoken in your home by parents or close relatives? Is your child exposed to the Spanish language on a regular basis (i.e. friends, nanny)? If yes, please offer a comprehensive description of your child's Spanish language proficiency or Spanish language exposure.

_____
_____
_____

☐ **I am willing to commit to the full three-year cycle, including the third (Kindergarten) year.**

Parent or Guardian Name: Printed_____

Parent or Guardian Signature **Date**

_____

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TEACHER RECOMMENDATION FORM
Early Childhood Program
2017 - 2018 Academic Year

Today's Date _____
Student's Name _____ Birth Date _____
Current Grade Level _____ Current School _____
Teacher Name _____

Parents: After you have completed the lines above, please give this form and a stamped envelope, addressed to the Montessori Community School, to your child's current teacher. This form must be mailed or faxed to the school by the classroom teacher to ensure confidential and honest responses.

To the Teacher:
The above named student is being considered for admission to the Montessori Community School. Your comments and evaluation of the student will be helpful to us in reaching a decision and will be reviewed with full awareness that students are constantly changing and developing. We greatly appreciate your helping the applicant by supplying the information requested. Please note that the information you submit will be considered confidential and will not become part of the student's permanent school records. Please return the completed form in the enclosed envelope or fax to 801-355-7177. If you would like to attach additional information, please feel free to do so. If you have any questions, please contact us at 801- 355-1555.
Thank You.

How long have you known the applicant?
_____

In what grade(s) and subject(s) have you taught him/her? Comments concerning writing ability, math skills and other skills relevant to your subject area would be helpful.
_____
_____
_____
_____
_____
_____
_____

Are you aware of any special needs, including medical, of this student and/or family?
_____
_____
_____

Share your thoughts on the applicant's family, including their involvement and relationship with the school?

_____
_____
_____

Is there anything else about this child, their family, or their home life that impact their school experience that would be important for us to know in providing this child the best educational experience possible?

_____
_____
_____
_____
_____
_____
_____

Please rate the skills and behaviors below based upon your experience with this student

	Notable Concern		Age Appropriate		Strong
Effort/drive	1	2	3	4	5
Study habits	1	2	3	4	5
Ability to work in a group	1	2	3	4	5
Ability to work alone	1	2	3	4	5
Participation in discussion	1	2	3	4	5
Reading ability	1	2	3	4	5
Written expression/content	1	2	3	4	5
Written expression/mechanics	1	2	3	4	5
Ability to express ideas orally	1	2	3	4	5
Number/math skills	1	2	3	4	5
Problem solving skills	1	2	3	4	5
Critical/abstract thinking	1	2	3	4	5
Use of time	1	2	3	4	5
Follows directions	1	2	3	4	5
Attention span	1	2	3	4	5
Consideration of others	1	2	3	4	5
Social adjustment with peers	1	2	3	4	5
Leadership potential	1	2	3	4	5
Initiative/self starts	1	2	3	4	5
Classroom conduct	1	2	3	4	5
Self confidence	1	2	3	4	5
Personality	1	2	3	4	5
Physical development	1	2	3	4	5
Seeks attention & help appropriately	1	2	3	4	5
Fulfills responsibilities	1	2	3	4	5
Support/involvement of parents	1	2	3	4	5
Maturity in terms of age/grade	1	2	3	4	5

Signature _____ Date _____

Name (printed) _____ Phone Number _____