

SOUTH SUBURBAN MONTESSORI SCHOOL

4450 Oakes Road, (Blossom Hill Complex) Bldg. #6, Brecksville, Ohio 44141

Phone (440) 526-1966, Fax (440) 526-6026 www.ssmsmontessori.net

CHILDREN'S HOUSE APPLICATION FOR ENROLLMENT

ACADEMIC SCHOOL YEAR _____ - _____

MAIN PROGRAM 8:30 – 11:45 AM ALL DAY MONTESSORI 8:30 – 3:15 PM **OR** 8:30 AM – 6:00 PM
EARLY ARRIVAL 7:30 AM (Optional)

Child's Full Name and Nickname _____

Date of Birth _____ Gender _____

Home Address _____
Street _____ City _____ Zip _____

Home Telephone _____ Public School District _____

Parent/Guardian _____ Marital Status _____ Occupation _____

Business Address _____
Employer _____ Street _____ City _____ Zip _____

Telephone _____ Email Address _____

Parent/Guardian _____ Marital Status _____ Occupation _____

Business Address _____
Employer _____ Street _____ City _____ Zip _____

Telephone _____ Email Address _____

With whom does your child live? _____

Please list names, ages, and schools of siblings:

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

Name _____ Age _____ School Attending _____

List any previous preschool experience (where & when) _____

How did you learn about SSMS's Children's House Community? _____

Please provide the names of current or former SSMS families that recommended our school to you. _____

Describe your child's personality. _____

What types of activities does your child enjoy? _____

How much time does your child spend with other children? _____

Is your child exposed to foreign language at home? _____

What educational goals do you have for your child and how do you see South Suburban Montessori School facilitating these goals? _____

Does your child currently receive any accommodations at his/her current school? If yes, please describe. _____

Why are you choosing a Montessori School for your child? _____

Please use this space to share information that would provide additional insight into your child and which you believe would be helpful during the admission process. _____

Do you understand that transportation for the applicant is your responsibility? _____

Are you considering enrollment of your child at the Elementary level? _____

I/We recognize that the Montessori Children's House Program is predicated on a 3-year enrollment cycle that ends at the completion of our kindergarten program. I/we understand that this minimum time period is necessary for the child to benefit properly from the Montessori experience and for the school to maintain a proper balance of age levels within the class. I/we also understand that class placement is the sole responsibility of the school.

I/we understand that a \$300.00 security deposit (\$200.00 for siblings) is payable immediately upon acceptance of my child into the program, and that this security deposit is non-refundable except upon completion of the full 3-year Children's House Montessori program.

South Suburban Montessori School prohibits discrimination in employment, admission policies, educational programs, financial aid program, and activities on the basis of race, national origin, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associated preference.

Signature of parent/guardian

Date

Signature of parent/guardian

Date

Please remit this application along with a \$30 non-refundable application fee to:

South Suburban Montessori School
Attn: Head of School
4450 Oakes Road Bldg. #6
Brecksville, Oh 44141

For office use: App. Fee _____

Obs. _____

Interview _____

Enrolled _____

Withdrawn _____