

# CARDINAL MONTESSORI SCHOOL

2019-2020

Student's Full Legal Name \_\_\_\_\_ Date \_\_\_\_\_

## **PARENT CHECK LIST:**

To be considered for admission, the following documents, including a non-refundable registration fee (new parents) \$250.00 and a refundable deposit \$200.00 (new and returning parents) must accompany this application.

- Completed Application**
  - Application for Admission (first page)**
  - Emergency Medical Authorization**
  - Tuition Contract**
  - EDC Contract (signed)**
  
- Check for \$200.00 (all students)**
  
- Check for \$250.00 (new students)**
  
- Required Signatures from Parent/Guardian (pages 2, 3, and 4)**
  
- Birth Certificate - (new students -State Requirement) office staff will make a copy**
  
- Current Immunization Record (State Requirement)**
  
- Commonwealth of Virginia School Entrance Health Form and Physical**  
New students- required before first day of attendance.  
Returning students- updated between fourth and sixth birthday. (State Requirement)
  
- Copy of Custody decree (if applicable)**
  
- Current Standardized Test scores (if applicable) or School Records (if applicable)**

# Cardinal Montessori School

## 2019-2020 Application

Application Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grade Applying For (circle one)

PK K 1 2

Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3 4 5 6

### **STUDENT DATA-PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION:**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_

Sex: Male  Female  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### **Primary E-mail where official school communication should be sent**

Father's E-mail \_\_\_\_\_ Mother's E-mail \_\_\_\_\_

If divorced, who has custody of this child? \_\_\_\_\_ (Copy of decree or any restrictions must be in child's file)

Has student attended school before? Yes  No  If yes, name the school(s) attended \_\_\_\_\_

Are there any other problems that the school should be aware of? Yes  No  If yes, explain on back or on a separate sheet of paper.

**FATHER'S NAME** \_\_\_\_\_ **CELL#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS (if different than child's) \_\_\_\_\_ SS# (last 4 digits) \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PLACE of EMPLOYMENT \_\_\_\_\_

EMPLOYMENT ADDRESS \_\_\_\_\_ EMPLOYMENT PHONE \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ **CELL#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS (if different than child's) \_\_\_\_\_ SS# (last 4 digits) \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PLACE of EMPLOYMENT \_\_\_\_\_

EMPLOYMENT ADDRESS \_\_\_\_\_ EMPLOYMENT PHONE \_\_\_\_\_

List any other children living at home or attending other schools:

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

#### **Office Use Only**

Application Date: \_\_\_\_\_

Date Accepted: \_\_\_\_\_

Deposit Check # \_\_\_\_\_

Registration Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Amount \$ \_\_\_\_\_

# CARDINAL MONTESSORI SCHOOL EMERGENCY

## MEDICAL AUTHORIZATION

2019-2020

**STUDENT DATA-PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION:**

Student's Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_

Student's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_ Sex: Male  Female

Student's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's place of employment: \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- I/We hereby authorize the CARDINAL MONTESSORI SCHOOL to obtain immediate medical care for our child, if an emergency occurs when I/we cannot be located immediately.
- I/We consent to hospitalization for the performance of necessary diagnostic test, the use of surgery, and /or the administration of drugs to my/our child, named above.
- It is understood that this agreement covers only those situations which are true emergencies and only when I/we cannot be reached. Otherwise I/we expect to be notified immediately. I/we will be responsible for payment of medical care expenses.
- I/We understand Cardinal Montessori School will notify me/us if my child becomes ill at school and I/we agree to make arrangements to have our child picked up as soon as possible.
- I/We agree to notify Cardinal Montessori School within 24 hours or the next business day if my child or any immediate household member has developed a reportable, communicable, disease as defined by the State Board of Health. Life threatening diseases must be reported immediately.

Father's Name (print) \_\_\_\_\_ Mother's Name (print) \_\_\_\_\_

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_

- Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_
- Student's Physician \_\_\_\_\_ Physician Phone # \_\_\_\_\_
- List known allergies or intolerance to food, medication etc.

\_\_\_\_\_

- List any specific actions to be taken in an emergency \_\_\_\_\_
- List any chronic psychological problems, special abilities or developmental delays: \_\_\_\_\_

Name of three (3) people authorized to be called in an emergency/I also authorize these people to pick up my child in my absence or at any time (This is a Virginia state requirement.):

<b>First Person's Full Name</b>	<b>Second Person's Full Name</b>	<b>Third Person's Full Name</b>
Home Address	Home Address	Home Address
City, State, and Zip	City, State, and Zip	City, State, and Zip
Phone Relationship	Phone Relationship	Phone Relationship



# CARDINAL MONTESSORI SCHOOL EXTENDED DAY CARE APPLICATION

2019-2020

Parents understand that this extended day care contract covers the same 180 days that the school is in regular session. The contract fee is \$5,545.00 (half-day session, under five years old) and \$3,355.00 (full-day session, all students over five years old). The school's hours of operation are 6:00 am to 6:30 pm. If students are picked up from school later than 6:30 pm there will be an additional charge of \$2.00 per minute per student.

EDC	Primary: Under 5 (half-day)	Primary: Over 5 (full-day)	Lower Elementary (1 <sup>st</sup> -3 <sup>rd</sup> grades)	Upper Elementary (4 <sup>th</sup> -6 <sup>th</sup> grades)
Contract	\$5,545.00	\$3,355.00	\$3,355.00	\$3,355.00
Hourly Charge	\$6.00	\$6.00	\$6.00	\$6.00

Students will be charged at the rate per hour or fractional hour, for the time they are in extended day care. Children will automatically be considered in EDC (Extended Day Care) for anytime they attend before or after regular class time.

Parents Must Select One and Sign Below:

- Daycare Paid Hourly as needed (You must sign the bottom of this form but do not complete information below)
- Daycare Contract (If selected, please complete information below and sign at the bottom)

Student's Name Last \_\_\_\_\_ First \_\_\_\_\_

Student's Home Address \_\_\_\_\_  
\_\_\_\_\_

Father's E-mail \_\_\_\_\_ Mother's E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

What date will your child be five years old? \_\_\_\_/\_\_\_\_/\_\_\_\_ In September the student will be:  ½ Day Primary  
 Full Day Primary  
 Lower-Elementary  
 Upper-Elementary

Sex: Male  Female  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Home Address (if different from the child's) \_\_\_\_\_  
\_\_\_\_\_

Father's Home Address (if different from the child's) \_\_\_\_\_  
\_\_\_\_\_

PARENT SIGNATURE (Father) \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE (Mother) \_\_\_\_\_ DATE \_\_\_\_\_