



FOR OFFICE USE ONLY

Date rec'd with fee _____

App fee \$ _____ # _____

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MT: _____

APPLICATION FOR ADMISSION

New Students

August 21, 2024

Child's Name: _____ Nickname: _____

Birth date: ____/____/____ Age by September 1, 2024: ____ Years ____ Months Sex: M { } F { }

ACADEMIC YEAR PROGRAMS (Please check one of the following)

**Children's House Preschool Program
(3-6 Years Old)**

- { } 7:00 AM/8:30 AM - 11:30 AM
- { } 7:00 AM - 3:00 PM
- { } 8:30 AM - 3:00 PM
- { } 8:30 AM - 6:00 PM
- { } 7:00 AM - 6:00 PM

**Lower Elementary Level
(6-9 Years Old)**

- { } 8:30 AM - 3:00 PM
- { } 7:00 AM - 3:00 PM
- { } 8:30 AM - 6:00 PM
- { } 7:00 AM - 6:00 PM

**Upper Elementary Level
(9-12 Years Old)**

- { } 8:30 AM - 3:00 PM
- { } 7:00 AM - 3:00 PM
- { } 8:30 AM - 6:00 PM
- { } 7:00 AM - 6:00 PM

**** All children in the 3-6 program must be independent in using the toilet to be eligible for admittance into the program.

****Your child must be 5 by September 1st to be considered "kindergarten" and enrolled in the Extended Day Program.

****All programs meet five days a week, according to the school year calendar.

Previous schools attended by applicant:

Name _____ Address _____ Dates _____

(Please indicate reason for leaving: _____)

Has your child ever attended a Montessori program? If so, name of school, when they attended, and reason for transferring?

Has your child ever received special services/testing? Please explain. _____

Specify any special educational, physical or emotional needs of your child _____

Child's general health (including allergies or dietary restrictions) _____

Sex and ages of siblings and, if school age, where do they attend? _____

How did you learn about Country Meadows Montessori School? Please circle your response:

Word of Mouth/Referral Website Advertisement (where) Facebook/Google

Is your child on a wait list or in an enrollment lottery for any other program? If so, indicate where. _____

MOTHER OR GUARDIAN

Name _____

Home Address _____

City _____

State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer Name _____

Occupation _____

City _____ State _____

Work Phone _____

Email address _____

FATHER OR GUARDIAN

Name _____

Home Address _____

City _____

State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer Name _____

Occupation _____

City _____ State _____

Work Phone _____

Email address _____

OUR MISSION STATEMENT

Country Meadows Montessori School will provide a carefully planned, prepared environment in accordance with the principles of Dr. Maria Montessori for a culturally diverse community of children between the ages of 15 months through 14 years. Through the combined efforts of the child, the educator and the parents, we will guide each child to develop their skills and their love of learning in order to become advocates of peace and participating citizens of their community and society.

AGREEMENT BETWEEN THE PARENTS AND THE SCHOOL

Country Meadows Montessori School is a non-profit organization, which is open to enrolling children of any race, color, creed, national origin, sex, religious beliefs, gender, sexual orientation, gender identity or expression, and socio-economic backgrounds. We are dedicated to fostering the Montessori tradition in our school and in the community. **In accordance with this dedication, parents agree to their child completing the 3 year cycle which is what our educational curriculum is based upon.** By completing this cycle (3-6 year old program; 6-9 year old lower elementary program; 9-12 year old upper elementary program), children will maximize on the benefits that third year provides.

Once new parents have enrolled their child into Country Meadows, they will agree to attend the mandatory Parent Orientation meetings held with the School Administrator. These meetings will give the new parents the foundations and understandings of the Montessori philosophy, curriculum benefits, school routines, and a sense of how it sets itself apart from all other toddler through grade school programs.

Country Meadows Montessori School's continuing success and the continuing success of our students depends on parental understanding and support of its educational programs. The school's parents will be kept informed regarding school events through its newsletters and other communication sources. The parent agrees to attend: two parent teacher conferences, two Parent/Child Work Nights, classroom meetings with the child's Directress, school community parent meeting held in winter, visit and observe their child's classroom once during the year. The parent further agrees to participate in school-related activities to support and encourage their child's growth and development within the program.

The submittal of this application with the application fee does not guarantee placement in the program. Placement within a class will be with the goal of attaining a balance of age, sex and program levels. *This does not afford parents the opportunity to choose the classroom for their child.* Priority is given to siblings of students already in attendance at Country Meadow and children who are transferring from another Montessori school. Applicants not placed will be put on a waiting list on a first come, first serve basis for the program applied for. As an opening for the program becomes available, the next name on the list for that program will be contacted. Our school will maintain consistent communication with parents on the wait list in order to keep them apprised of their wait status.

I understand that children are admitted for a full academic year and that my agreement to pay the tuition is not subject for withdrawal, illness, absence, family vacations or holidays. All children will be accepted on a 90-day probationary period. I understand and agree that Country Meadows Montessori School may cancel enrollment upon condition that a 30-day written notice is provided prior to withdrawal. The school reserves the option to waive the 30-day notice, if the child enrolling in the 3-6 program is not completely toilet trained, if the child presents a clear physical danger to themselves, other students or the teachers in the classroom, or if the tuition is not paid in a timely manner. I further understand Country Meadows Montessori School's Primary and Elementary Programs are not licensed by DCFS.

If you agree and accept these responsibilities, please sign below.

Signature: _____
(Parent/Guardian)

Date: _____