



Spruce Pine Montessori School

67 Walnut Avenue
Spruce Pine, NC 28777
828-765-7779
sprucepinemontessori.org

Office Use Only	
Date Rec'd	_____
Visitation	_____
Check #	_____
Initials	_____

PRIMARY & ELEMENTARY STUDENTS- New Applicant Information

Child's name _____
(First) (Middle) (Last)

Home Address _____

City, State, Zip _____

Home Phone _____ Child's Birthdate _____

Family Information

Father/Guardian's Name _____ Employer _____

Address _____

Phone(H) _____ (W) _____ (C) _____ Email _____

Mother/Guardian's Name _____ Employer _____

Address _____

Phone(H) _____ (W) _____ (C) _____ Email _____

Siblings' Names and Ages _____

Please list the names and relationships of all other persons living in the child's home. _____

What do we need to know about your child that would help us optimize his or her learning experience? What do you find most endearing about your child? What do you find most challenging?

Do you have any special concerns about your child's health or development? _____

Please list child's previous school or daycare experience _____

How did you learn about Spruce Pine Montessori School? _____

Why do you wish to enroll your child at Spruce Pine Montessori School? _____

Have you had previous association with or knowledge of the Montessori teaching method? If yes, please describe _____

Are there ways we can help you learn more about aspects of a Montessori School? _____

What are your expectations regarding your child's learning experience at SPMS? _____

Please indicate your intended length of stay at SPMS: To age 6 _____ To age 9 _____
If other, please explain: _____

Please indicate which school your child will attend after his/her time at SPMS:
Name of school: _____ Public: _____ Private: _____ Undecided: _____

How does your child respond to correction or discipline? _____

Is your child dependent _____ or independent _____ for his/her age?

Is your child partially _____ or completely _____ toilet-trained?

How many hours a day does your child watch TV, use computers, or play video games? _____ hrs.

Is one or are both parents away from home for extended periods? If yes, please explain: _____

Are the child's parents living together _____, separated _____, or divorced _____, or is either parent deceased _____?

Is your child regularly cared for by someone other than the parents? If so, please explain. _____

Please indicate the program you would like your child to attend:

Program

Yearly Tuition

For Children Ages 2 1/2-6

___ Primary Full 3-Day Program 8:15 until 2:45 (T,W,Th)*	\$2988.00
___ Primary Morning Program 8:15 until Noon*	\$3,735.00
___ Full Day Program 8:15 until 2:45	\$4,980.00

*Priority enrollment will be given to Primary Full Day students; guaranteed enrollment in the Full 3-Day program and Morning program will be contingent upon availability with priority given to Full Day students. Please talk to the SPMS office if the Full 3-Day or Morning program is the only option for your family.

Elementary

___ 6 to 9 year-old elementary program 8:15 until 2:45	\$5,160.00
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Before & After School

We will offer extended hours for before and after-school care. Actual hours will be based on our families' needs and program enrollment. There will be additional costs for these programs. If you are interested in before and/or after-school care, please indicate below:

Along with your financial commitment, parent participation is a necessary component of SPMS. Parents are essential in the Montessori approach to education, which we see as a partnership involving the children, the parents, and the teaching staff. By relying on this partnership with parents, we are able to keep our operating costs and tuition fees lower as well as enriching a child's learning experience. Parents donate time as classroom aides, field trip drivers, at special workdays and fundraising events, on committees, and much more. Upon acceptance to SPMS, you will be asked how you would like to volunteer. We ask for at least 30 hours of parent participation for single-child families and at least 45 hours for multiple-child families per year. A parent participation deposit will be required and upon completion of your participation hours, that deposit will be applied to your child's last tuition statement for the year. The parent participation deposit for single-child families is \$300 and \$450 for multiple-child families.

Please Note:

- ? A one-time, non-refundable Application Fee in the amount of \$50 must accompany your signed application.
- ? At least one parent/guardian is required to observe in a classroom for an hour or more before acceptance.
- ? Upon acceptance to SPMS, enrollment paperwork together with a \$150 non-refundable registration fee and parent participation deposit must be received by SPMS to secure your child's space.

Parent/Guardian Signature _____

Date _____

A non-refundable application fee of \$50 must accompany your application. Check # _____

We accept cash, personal checks, or credit cards (credit cards payments will include a 3% convenience fee)

☞ Please charge my ___ VISA ___ Mastercard ___ AmEx ___ Discover

Name of Cardholder: _____

Billing Address: _____

Card #: _____ Exp. Date: _____

Signature: _____

Spruce Pine Montessori School welcomes and considers all applications. SPMS will not discriminate on the basis of race, color, ethnic origin, or religion in the review of applications or the administration of its educational programs.