



**Spruce Pine Montessori School**

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

<b>Office Use Only</b>	
Date Rec'd	_____
Visitation	_____
Check #	_____
Initials	_____

**TODDLER PROGRAM- 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 3\_\_\_\_ 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:\_\_\_\_

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

Is your child partially\_\_\_\_ or completely\_\_\_\_ toilet-trained?

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Toddler Program**

**Monthly Tuition**

**Full Day Program 8:15 until 2:45**

***\$525 plus \$20 snack/materials fee per month***

**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:

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**Along with your financial commitment, parent volunteerism 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.**

**Please Note:**

- ? A one-time, non-refundable Application Fee in the amount of \$50 must accompany your signed application.
- ? Upon acceptance to SPMS, enrollment paperwork together with a \$150 non-refundable reservation deposit must be received by SPMS to secure your child's space.

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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: \_\_\_\_\_