



Spruce Pine Montessori School
67 Walnut Avenue
Spruce Pine, NC 28777
828-520-1145
www.sprucepinemontessori.org

STUDENT APPLICATION

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

Address _____

City, State, Zip _____

Child's Birthday _____

Family Information

Guardian's Name _____ Relationship _____

Employer _____ Address _____

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

Guardian's Name _____ Relationship _____

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? _____

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

Please list child's previous school or child care experience: _____

How did you learn about Spruce Pine Montessori School? Please list a specific family's name, if that family invited you to apply: _____

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 ____ To age 12 ____ 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.

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Tuition is based on a 10 month school year (August-May). Additional summer programs are available for Toddler and Primary students for June and July for an additional cost. Please ask the Head of School for a current tuition and fees schedule.

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

Toddler, Full-Time

Lower Elementary, Ages 6-9

Toddler, Part-Time

Upper Elementary, Ages 9-12

Primary, Ages 3-6

Before & After School

We offer extended hours for before and after-school care, beginning at 7:30 am and ending at 5:30 pm. There are additional costs for these programs. If you are interested in before and/or after school care, please indicate days of the week and times below:

Along with your financial commitment, family participation is a necessary component of SPMS. Families are essential in the Montessori approach to education, which we see as a partnership involving the children, families, and the teaching staff. By relying on this partnership with families, we are able to keep our operating costs and tuition fees lower as well as enriching a child's learning experience. Families participate 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 participation for single-child families and at least 45 hours for multiple-child families per year. A participation deposit will be required and represents a promise to work 30 hours per child (45 for two or more children) during the school year. In May of each year, if less than 30 hours have been worked then the family is billed for hours not worked at the rate of \$10 per hour. The last month of your child's enrollment at our school, credit is applied to your final month's bill for hours worked that last year at the rate of \$10 per hour up to 30 hours. The 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 participation deposit must be received by SPMS to secure your child's space.

Parent/Guardian Signature Date

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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 4 % convenience fee.

☐ Please charge my _____ VISA _____ Mastercard _____ AmEx _____ Discover

Name of Cardholder: _____

Card Number: _____

Zip Code: _____ Exp. Date: _____ CVV: _____

Signature: _____

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