



# Step By Step Montessori Schools, Inc

## Application for Admission

Corporate Offices: 4355 Highway 169, Plymouth MN 55442 (763) 557-6777

Submit via mail to the above address or email at enroll@stepbystepmontessori.com

Instructions: Please print and fill out **both** sides of this form completely. Primary parent is defined as the parent who the child lives with. If the child lives with both, the primary can be either parent.

Please check this box if you are re-enrolling your child:

|              |  |
|--------------|--|
| TODAY'S DATE |  |
|--------------|--|

### Parent Information

|  |  |             |  |
|--|--|-------------|--|
| PRIMARY FIRST  |  | OTHER FIRST |  |
| PRIMARY LAST   |  | OTHER LAST  |  |
| PRIMARY SSN  |  | OTHER SSN   |  |
| PRIMARY EMAIL  |  | OTHER EMAIL |  |
| WE WILL SEND YOUR INVOICE VIA EMAIL<br>PLEASE SIGN HERE IF YOU WOULD LIKE TO RECEIVE YOUR INVOICES BY MAIL-> |  |             |  |

### Address Information

|                  |   |  |                  |
|------------------|---|--|------------------|
| ADDRESS          |   | SAME AS PRIMARY <input type="checkbox"/> | ADDRESS          |
| CITY             |   |  | CITY             |
| STATE, ZIP       | _____ - _____   |  | STATE, ZIP       |
| PRIMARY PHONE    | (____) _____ - _____<br><input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |  | PRIMARY PHONE    |
| ALTERNATE PHONE  | (____) _____ - _____<br><input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home |  | ALTERNATE PHONE  |
| WIRELESS CARRIER |   |  | WIRELESS CARRIER |

### Emergency Contacts – Two LOCAL Emergency Contacts other than the parents are **required**.

In case of emergency or illness, I authorize the following to act on my behalf if I cannot be reached.

|                     |                      |            |               |
|---------------------|----------------------|------------|---------------|
| NAME (FIRST & LAST) |                      | ADDRESS    |               |
| CITY                |                      | STATE, ZIP | _____ - _____ |
| PHONE               | (____) _____ - _____ |            |               |
| NAME (FIRST & LAST) |                      | ADDRESS    |               |
| CITY                |                      | STATE, ZIP | _____ - _____ |
| PHONE               | (____) _____ - _____ |            |               |

### Work Information

|          |  |          |  |
|----------|--|----------|--|
| EMPLOYER |  | EMPLOYER |  |
| POSITION |  | POSITION |  |

### Child's Doctor/Dentist Information

|                  |                  |                   |                  |
|------------------|------------------|-------------------|------------------|
| DOCTOR OR OFFICE |                  | DENTIST OR OFFICE |                  |
| ADDRESS          |                  | ADDRESS           |                  |
| PHONE            | (____) ____-____ | PHONE             | (____) ____-____ |

### Other Information

|               |  |
|---------------|--|
| CUSTODY NOTES |  |
|---------------|--|

### Child Information – Please note if the child has any allergies or physical or mental conditions.

|                                  |   |                          |   |
|----------------------------------|---|--------------------------|---|
| FIRST                            |   | LAST                     |   |
| BIRTHDAY OR DUE DATE             | ____/____/____ <input type="checkbox"/> Check if Due Date | GENDER                   | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| CHILD'S ETHNICITY                |   | CHILD'S PRIMARY LANGUAGE |   |
| ALLERGIES                        |   | SPECIAL CONDITIONS       |   |
|                                  |   | SPECIAL NEEDS            |   |
| FAMILY CULTURE/CUSTOMS/ LANGUAGE |   |                          |   |

### Program Information

|              |  |  |   |  |
|--------------|--|--|---|--|
| LOCATION     | <b>Brooklyn Park</b> (763) 493-9093 <input type="checkbox"/>                             | <b>Chaska</b> (952) 368-4456 <input type="checkbox"/>            | <b>Corcoran</b> (763) 498-5437 <input type="checkbox"/>   | <b>Maple Grove</b> (763) 315-3602 <input type="checkbox"/> |
|              | <b>Plymouth</b> (763) 557-6555 <input type="checkbox"/>                                  | <b>Edina @ Southdale</b> (952) 920-7450 <input type="checkbox"/> | <b>St Anthony</b> (612) 788-8010 <input type="checkbox"/> | <b>Wayzata</b> (952) 476-0240 <input type="checkbox"/>     |
| LEVEL        | <b>Infant</b> (6 wks-15 mo) <input type="checkbox"/>                                     | <b>Toddler</b> (16 mo-32 mo) <input type="checkbox"/>            | <b>Preschool</b> (33 mo-6 yrs) <input type="checkbox"/>   | <b>School-Age</b> (6-7 yrs) <input type="checkbox"/>       |
| PROGRAM      | 5 Full (M-F) 8:30-3:30 <input type="checkbox"/>  | 5 AM (M-F) 8:30-11:30 <input type="checkbox"/>                   | 5 PM (M-F) 12:30-3:30 <input type="checkbox"/>            | 3 Full (M,W,F) 8:30-3:30 <input type="checkbox"/>          |
|              | 3 PM (M,W,F) 12:30-3:30 <input type="checkbox"/>   | 2 Full (T,TH) 8:30-3:30 <input type="checkbox"/>                 | 2 AM (T,TH) 8:30-11:30 <input type="checkbox"/>           | 3 AM (M,W,F) 8:30-11:30 <input type="checkbox"/>           |
| EXTENDED DAY | Yes <input type="checkbox"/> No <input type="checkbox"/> (Before 8:30 and/or After 3:30) |  | REQUESTED START DATE                                      | ____/____/____   |

### For Brooklyn Park Only

|   |
|---|
| Check the meals your child normally receives while in our care: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack |
|---|

The \$100.00 registration fee must accompany each application for enrollment before it is processed. This registration fee is non-refundable. There is no refund in tuition for holidays, illness, or vacation. One month's written notice is required prior to withdrawal or for reduction in schedule. Tuition not paid by the 5<sup>th</sup> of each month will incur a \$20.00 late fee. Step By Step reserves the right to request a child withdraw from the program if, in the opinion of the school, the child does not adjust to the program or benefit from the program. Any coupons must be submitted with this application. I understand and agree to the above terms. Please mail/email the completed application with your registration fee to our Corporate Offices (see address front page). I hereby authorize the Center to take my child to its source of emergency care or Doctor, as listed on the Center Information Board, in the event that they are unable to contact the persons or any of the emergency numbers listed. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parents, child's doctor, and/or an adult acting on the parent's behalf.

Signature: Primary Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: Other Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For office use only:

|                   |             |                     |                      |            |
|-------------------|-------------|---------------------|----------------------|------------|
| Amt Paid w/App \$ | Date Rec'd  | Parent has Packet   | Received By          | Waitlist Y |
| Start Date        | Room Number | Current Parent? Y N | School has copy? Y N | CRM? Y N   |