



Application for Admission

Step By Step Montessori Schools – Chaska

Instructions: Please print and fill out **both** sides of this form completely.

Parent Information

First		First	
Last		Last	
Relation to Child	Mother Father Grandparent Foster Other; Specify _____	Relation to Child	Mother Father Grandparent Foster Other; Specify _____
Email		Email	

Address Information

Address		Same as Primary Address	
City		City	
State, Zip		State, Zip	
Primary Phone	(____) _____ - _____ Mobile Home Work	Primary Phone	(____) _____ - _____ Mobile Home Work
Alternate Phone	(____) _____ - _____ Mobile Home Work	Alternate Phone	(____) _____ - _____ Mobile Home Work

Work Information

Employer		Employer	
Position		Position	

Other Information

Separate Ledgers	Does your family require separate ledgers per parent? Yes No
Custody Notes	

Child Information

First		Last	
Birthday or Due Date	____/____/____ Check if Due Date	Sex	Male Female
Child Lives With?		Special Conditions and Notes	
Child's Ethnicity		Child's Primary Language	
Allergies		Family Culture, Customs, and Language	

Program Information

Level	Infant (6 wks-15 mo)	Toddler (16 mo-32 mo)	Preschool (33 mo-6yrs)
Program Days	All children attend 5 days each week.		
Program Times (Please select one)	Extended Day 6:30am – 6:00pm	Full Day 8:30am – 3:30pm	
Ideal Start Date: ____ / ____ / ____			

The \$200.00 Application Fee and \$100 Activity and Material Fee will be processed via the EFT Form accompanying this application. This application fee is non-refundable. There is no refund in tuition for holidays, illness, vacation, or closings due to emergency situations, inclement weather or other time away from the program. One month's written notice is required prior to withdrawal or for reduction in schedule. Any tuition not paid by the 5th of each month will incur a \$50.00 late fee. Endeavor Schools 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, benefit from the program or if the family account is not in good standing. Any coupons must be submitted with this application. I understand and agree to the above terms.

I hereby authorize Step By Step to take my child to its source of emergency care or doctor, as listed on the Center Information Board, if they are unable to contact the person(s) 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.

Parent/Guardian Signature _____ Date: ____/____/____

Parent/Guardian Signature _____ Date: ____/____/____

App/Act. & Mat. Fee:	Date Rec'd:	Parent has Packet?	Yes No	Received By:	Waitlist	Yes
Start Date:	Classroom:	Current Parent?	Yes No		CRM?	Yes No