



*Application for Admission*

*Step By Step Montessori Schools – Wayzata*

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

**Parent Information**

<b>First</b>		<b>First</b>	
<b>Last</b>		<b>Last</b>	
<b>Relation to Child</b>	Mother      Father Grandparent      Foster Other; Specify _____	<b>Relation to Child</b>	Mother      Father Grandparent      Foster Other; Specify _____
<b>Email</b>		<b>Email</b>	

**Address Information**

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

**Work Information**

<b>Employer</b>		<b>Employer</b>	
<b>Position</b>		<b>Position</b>	

**Other Information**

<b>Separate Ledgers</b>	Does your family require separate ledgers per parent?	Yes	No
<b>Custody Notes</b>			

### Child Information

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

### Program Information

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

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 5<sup>th</sup> 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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