

## Kingwood Montessori Summer School 2022 Enrollment Application – All Levels

### Child's Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male/Female \_\_\_\_ Date of Birth \_\_\_\_\_ Age as of 6/1/22 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

### Parent/Guardian information

Parent/Guardian Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Legal Guardian: y/n \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (work/cell) \_\_\_\_\_

Email address \_\_\_\_\_

Alternative Contact \_\_\_\_\_ Emergency Number \_\_\_\_\_

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### **Summer School Dates 2022**

#### June

- Week 1 - June 6 - June 10
- Week 2 - June 13 - June 17
- Week 3 - June 20 - June 24
- Week 4 - June 27- July 1

#### **Summer School Tuition Fees per Month**

*Summer Enrollment Fee of \$100 for New Students only*

*Please Circle your choice:*

- 5 – Full Day Early Childhood – (3 years to 5 years) – 8:30 – 3:00 - \$793 Per Month
- 5 – Half Day Early Childhood – (3 years to 5 years) – 8:30 – 12:00 - \$600 Per Month
  
- 5 – Full Day Elementary – (6 years to 12 years) – 8:30 – 3:00 - \$883 Per Month
  
- Early Childhood students must be toilet trained at time of enrollment.
- All - Daily items to bring: lunch, snacks. Early Childhood: change of clothes (Nappers: bed roll and pillow – 3 to 4 years).
- Bug spray and sunscreen to be applied before coming to school (A labeled supply for teacher if necessary).
- All medicines brought to school in a clearly labeled plastic bag. Medication form must be filled out.

**Current School Information**

Child's current school \_\_\_\_\_ Address \_\_\_\_\_

**Health/Medical**

Child's pediatrician \_\_\_\_\_ Address \_\_\_\_\_

Pediatrician's phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group ID \_\_\_\_\_

Insurance contact number \_\_\_\_\_

Is your child currently taking any medications? If so please list, including dose and time taken

\_\_\_\_\_

Please answer the following questions completely. Put N/A if not applicable.

Significant health conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Any limitations or concerns \_\_\_\_\_

**Media Clause** - Kingwood Montessori Camp Staff take photographs for use in future advertising; if this is a problem for your family please indicate by checking one of the following sentences.

**Yes**, include my child in photographs \_\_\_\_\_ **No**, do not include my child in photographs \_\_\_\_\_

**Right to Withdraw:** Kingwood Montessori reserves the right to withdraw the child from enrollment should it find that the child is not benefiting from the school's program or is not meeting the school's standards of behavior.

**How did you hear about us?** \_\_\_\_\_

I hereby make an application for my child to attend Kingwood Montessori Summer School. I have filled out all of the information to the best of my knowledge. I realize that this is simply an application and that until confirmed my child has not been accepted into the School.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**