



SHIR HASHIRIM
MONTESSORI SCHOOL

PARENT AND ME

Admission Process Forms

2 / 4

Please select the session that you would like to attend:

CARLTON WAY Saturdays 8:30 - 10:00am

- Session 3
March 2, 9, 16, 23 April 13, 20
- Session 4
May 4, 11, 18, 25 June 1, 8

I, _____ the parent or legal guardian of
 _____ who will attend the Montessori
 Shir-Hashirim PARENT AND ME program, agree to pay all tuition and fees for the PARENT AND
 ME program.

 Signature Date

PARENT AND ME program (6 weeks) tuition and fees: \$600.00 payable in advance.
 Please make checks to Montessori Shir-Hashirim.

No refunds are going to be given for cancellation or absences.
 Participation in this program does not automatically places kids in the Primary Program.

2024

CHILD'S NAME _____

Date of birth _____ Male Female

Address _____

City _____ Zip Code _____

Home phone _____ Mobile _____

E-mail _____

FAMILY INFORMATION

Parent #1 _____

E-mail _____ Work phone _____

Name of firm / company _____ Position _____

Nature of business _____ Number of years _____

Business address _____

Parent #2 _____

E-mail _____ Work phone _____

Name of firm / company _____ Position _____

Nature of business _____ Number of years _____

Business address _____

SIBLINGS

Name _____ Age _____ School _____

How did you learn about our school? _____

FURTHER INFORMATION

PREVIOUS SCHOOLS (List starting with most current school)

School _____ Years _____ Teacher _____

Phone _____

School _____ Years _____ Teacher _____

Phone _____

School _____ Years _____ Teacher _____

Phone _____

HEALTH INFORMATION

Check one, if other than "good" please attach explanation.

- Good Minor problems (allergies, injuries) Major problems (chronic illness or ongoing treatment)

Has your child received , or is he/she now receiving, special tutoring, counseling or therapy?

- No Yes If yes, please list name of specialist, nature or concern and dates of

Service _____

Name _____ Specialty _____

Date of service _____

Service _____

Name _____ Specialty _____

Date of service _____

Service _____

Name _____ Specialty _____

Date of service _____

QUESTIONNAIRE

To help us better understand the needs of your child and your family please take the time to answer the following questions and submit them with your application.

a) Please list your child's previous childcare or other activities since birth:

b) How does your family enjoy spending time together?

c) How do you discipline your child?

d) What delights you most of your kid?

e) What is the greatest challenge with your kid?

f) Do you have any experience with The Montessori approach?

g) What expectations do you have from the school?

h) Specify any special educational, physical or emotional needs of your child.

i) Anything else that you would like to let us know?

I expressly release and discharge Montessori Shir-Hashirim PARENT AND ME and their agents, employees, and other representatives of and from any liability or responsibility for the damage

from injuries sustained by my child _____ while attending the program, other than such liability arising as a result of gross negligence or willful misconduct.

I understand that I must submit a copy of my child's immunization record prior to my child attending the PARENT AND ME program.

Please initial _____

I have read and understand all terms of this contract and agree to them:

Signature of parent or guardian

Date