



Spruce Pine Montessori School
67 Walnut Avenue
Spruce Pine, NC 28777
828-520-1145
www.sprucepinemontessori.org

NEW STUDENT APPLICATION FORM

Child's name _____
(First) (Middle) (Last)

Home Address _____

City, State, Zip _____

Home Phone _____ Child's Birthday _____

Family Information

Father/Guardian's Name _____ Employer _____

Address _____

Phone(H) _____ (W) _____ (C) _____ Email _____

Mother/Guardian's Name _____

Employer _____ Address _____

Phone(H) _____ (W) _____ (C) _____ Email _____

Siblings' Names and Ages _____

Please list the names and relationships of all other persons living in the child's home:

What do we need to know about your child that would help us optimize his or her learning experience?

What do you find most endearing about your child? What do you find most challenging?

Do you have any special concerns about your child's health or development? _____

Spruce Pine Montessori School welcomes and considers all applications. SPMS will not discriminate on the basis of race, color, ethnic origin, gender, or religion in the review of applications or the administration of its educational programs.

Please list child's previous school or day care experience: _____

How did you learn about Spruce Pine Montessori School? Please list a specific family's name, if that family invited you to apply: _____

Why do you wish to enroll your child at Spruce Pine Montessori School? _____

Have you had previous association with or knowledge of the Montessori teaching method? If yes, please describe: _____

Are there ways we can help you learn more about aspects of a Montessori School?

What are your expectations regarding your child's learning experience at SPMS?

Please indicate your intended length of stay at SPMS: To age 6 ___ To age 9 ___ To age 12 ___ If other, please explain: _____ Please indicate which school your child will attend after his/her time at SPMS:

Name of school: _____ Public: ___ Private: ___ Undecided: ___

How does your child respond to correction or discipline?

Is your child dependent ___ or independent ___ for his/her age?

Is your child partially ___ or completely ___ toilet-trained?

How many hours a day does your child watch TV, use computers, or play video games? ___ hrs. Is one or are both parents away from home for extended periods? If yes, please explain: _____

Are the child's parents living together ___, separated ___, or divorced ___, or is either parent deceased ___?

Is your child regularly cared for by someone other than the parents? If so, please explain.

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Please indicate the program you would like your child to attend: Tuition is based on a 10 month school year (August-May). Additional summer programs are available for June and July for an additional cost.

Program Tuition

Toddler, Full-Time: \$7,250 Lower Elementary, Ages 6-9 \$7,250

Toddler, Part-Time \$4,350 Upper Elementary, Ages 9-12 \$7,250

Primary, Ages 3-6 \$7,250

Before & After School

We offer extended hours for before and after-school care, beginning at 7:30 am and ending at 5:30 pm. There are additional costs for these programs. If you are interested in before and/or after school care, please indicate days of the week and times below:

Along with your financial commitment, parent participation is a necessary component of SPMS. Parents are essential in the Montessori approach to education, which we see as a partnership involving the children, the parents, and the teaching staff. By relying on this partnership with parents, we are able to keep our operating costs and tuition fees lower as well as enriching a child’s learning experience. Parents donate time as classroom aides, field trip drivers, at special workdays and fundraising events, on committees, and much more. Upon acceptance to SPMS, you will be asked how you would like to volunteer. We ask for at least 30 hours of parent participation for single-child families and at least 45 hours for multiple-child families per year. A parent participation deposit will be required and represents a promise to work 30 hours per child (45 for two or more children) during the school year. In May of each year, if less than 30 hours have been worked then the family is billed for hours not worked at the rate of \$10 per hour. The last month of your child's enrollment at our school, credit is applied to your final month's bill for hours worked that last year at the rate of \$10 per hour up to 30 hours. The parent participation deposit for single-child families is \$300 and \$450 for multiple-child primary or elementary families.

Please Note:

- A one-time, non-refundable Application Fee in the amount of \$50 must accompany your signed application.
- At least one parent/guardian is required to observe in a classroom for an hour or more before acceptance.
- Upon acceptance to SPMS, enrollment paperwork together with parent participation deposit must be received by SPMS to secure your child’s space.

Parent/Guardian Signature Date

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A non-refundable application fee of \$50 must accompany your application.

Check #

We accept cash, personal checks, or credit cards (credit cards payments will include a 4 % convenience fee)

Please charge my _____ VISA _____ Mastercard _____ AmEx _____ Discover

Name of Cardholder: _____

Card Number: _____

Zip Code: _____ Exp. Date: _____ CVV: _____

Signature: _____

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