AMERICAN montessori ACADEMY

__ Tuition Program

__ GSRP

Early Childhood PROGRAM

Enrollment Application

Student's Name:____
Last First Middle

Birth Date:____/____/_____ **Place of Birth:**________________________ ◯ **Male** ◯ **Female**

Address:_________________________________ **Apt. #** ______ **Complex:**

City and Zip:______________________________ **Home Telephone:** _______________________

Email Address:_____________________________ **Cell Telephone:** _________________________

Racial/Ethnic Background: Is this student Hispanic/Latino?________Yes _____No

____American Indian/Alaska _______ White/Caucasian ________ Hispanic/Latino

____Black/African American _______ Asian _______Native Hawaiian / Pacific Islander

Language spoken in your home:________________ **Is student an immigrant?** _______

Student's primary language:___________________ **Is student a refugee?** ________

Family Information

Mother's Name:____
Last First Middle Initial

Education (highest grade completed or degree): _________________________________

Occupation:__________________________ ◯ Full time ◯ Part time

Father's Name: ____
Last First Middle Initial

Education (highest grade completed or degree): _________________________________

Occupation:___________________________ ◯ Full time ◯ Part time

Child lives with: ◯ Both Parents ◯ Mother ◯ Father

◯ Legal Guardian ◯ Other

Years at current address: _________ **Years at Previous Address:**__________

List all *other* children in the home:

NAME	BIRTHDATE	RELATIONSHIP TO CHILD	SCHOOL ATTENDING

List all *other* adults in the home:

NAME	RELATIONSHIP TO CHILD

Briefly state any concerns you have in the following areas:

Child Health/Development:

____

Housing/Community/Financial Factors:

____

Parenting/Family:

____

Certification: I certify that I have provided information which is true and accurate to the best of my knowledge. I agree to notify the school of address and/or telephone number changes. I understand that all information contained in this application is confidential. If my child is eligible for Head Start, I will be referred to the program for enrollment information.

Parent/Guardian Signature:_______________________________________Date:

FOR SCHOOL/OFFICE USE ONLY

REQUIRED INFORMATION COLLECTED:

○ **Birth Certificate** ○ **Immunization** ○ **Recent Physical**

○ **Residency** ○ **Income Verification**

Income Eligible: YES NO FAMILY SIZE:

Risk Factors: #________#__________ #________ #

IEP? NO YES LAST IEP

Eligibility area(s):____________________________ Family services received: ____________________

**Program Staff Signature:____

Parent or Guardian: Please fill out all sections

SECTION I. MEDICAL HISTORY

Has your child ever had the condition or disease listed below? (U = Unknown)

	Yes	No	U		Yes	No	U		Yes	No	U
Asthma				Chicken Pox				Ear Infections			
Cancer				Frequent Colds				Eye Infections			
Pneumonia				Sickle Cell Trait				Heart Disease			
Seizures				Sickle Cell Disease				Liver Disease			
Diabetes				Strep Infections				Kidney Disease			

*If you checked "Yes" to any of the conditions listed above, please explain:

	YES	NO		YES	NO
Has child been hospitalized, had an operation, or have a serious illness? If yes, please explain:			Have there been any recent changes in your child's life (death, divorce, illness, separation)? If yes, please explain:		
Does Child Have:			Does child have allergies? ◯ Yes ◯ No Please list them: What happens during an allergy attack?		
Frequent sore throats					
Frequent cough					
Urinary infections					
Stomach Pain					
Vomiting			Is child taking medicine now? ◯ Yes ◯ No Name of medicine(s): Reason: 1. 1. 2. 2. 3. 3.		
Diarrhea					
Constipation					
Does child have difficulty seeing?					
Does child wear glasses?					
Does child have problems with ears or hearing? Please explain:			Does your child go to the doctor more than five times a year?		
Do you have any additional concerns or worries about your child? Please explain:					

SECTION II. PREGNANCY/BIRTH HISTORY

What was the child's weight at birth?________________ What was mother's age at ***first*** pregnancy?

	Yes	No		Yes	No
Did mother have a health problem affecting the baby during the pregnancy or delivery? Please Explain:			Did mother take medication during pregnancy? Medicine/reason:		
			Drugs ?		
			Alcohol?		
Was the child born more than three weeks: ◯ Early? ◯ Late?			Were there any health problems at birth? Please Explain:		

SECTION III. DENTAL HISTORY

	Yes	No	
Does the child have any trouble with teeth, gums or mouth?			If yes, please explain:
Has child seen a dentist?			Dentist's Name?

SECTION IV. DEVELOPMENTAL HISTORY

At what age did your child talk?			At what age did your child walk?		
	Yes	No		Yes	No
Does your child put three words together in a sentence?			Which hand does your child use most often? ◯Left ◯ Right		
Are you able to understand your child at least half of the time?			Does your child tell you in words what he wants and needs?		
Has your child ever had trouble walking, climbing, reaching, holding on to things? Please Explain:			Does your child play with blocks, boxes, cups, or other construction toys without help?		
Can your child: Run?______Jump?_______Toss/catch?			Does your child have any pets? What kind of pets?		
Does your child use crayons and/or markers to scribble or draw?			How many hours a day does your child spend watching TV?		
Does your child turn pages of a book and look at pictures?			Do you have any concerns about your child's play or social experiences? Please explain:		
Does your child listen to stories being read?			Does your child eat or chew on non•food things? Please explain:		
Does your child recall stories or events?			Does your child have any food restrictions for medical or religious reason? Please explain:		
Does your child talk with your friends/relatives who come to visit?			Does your child drink from a bottle? ◯anytime ◯ bedtime		
Does your child enjoy playing alone or with imaginary friends?			Has your child had any recent changes in appetite?		
Does your child follow simple, Age-appropriate directions?			Does your child have any foods he dislikes? Please list:		
Has your child participated in any group experiences? (i.e., preschool, daycare) Please explain:			Does your child have favorite foods? Please list:		
What are your child's favorite toys, activities, books?			Is your child able to feed himself?		
Does your child worry a lot or is afraid of anything? Please explain:			Does your child have special dietary needs? Please explain:		
Do you give your child vitamins? What kind?			Does your child have trouble chewing or swallowing?		
Does your child sleep less than eight hours a day or have trouble sleeping (such as a nightmare, anxiety, or wants to stay up late)?			Is your child trained for: Bowel?__________ Bladder?		
Does your child take a nap?			How does your child let you know he needs to use the bathroom?		
What time does your child go to bed at night?					

Hours for Child Care

7:00 am – 6:00 pm

Registration Fees 2017-2018

Annual, Non-Refundable Registration Fee

$40 for first child

$70 for two children

$10 for each additional child

Multiple Child Discount

First child is full price

Second child is 10% off

Montessori 3/4 year old Preschool Class – 2.5 years old by Sept 1, 2017

***Half Day* 9:00 am – 12:00 pm (AM Only)**

***Full Day* 9:00 am – 3:15pm**

Full Time (5 days per week)	$170 per week	w/ before + after care $225 per week
Part Time (full days)	$35 per day	
Half Day	$24 per day	

3 days minimum required

Preschool year is September-June (elementary school calendar)

Intended Schedule

Name of Child ______________________________________ Age of Child _____

Name of Child ______________________________________ Age of Child _____

Name of Child ______________________________________ Age of Child _____

	Monday	Tuesday	Wednesday	Thursday	Friday
IN					
OUT					

*For optimum learning, we encourage 5 full days or 5 half days per week of Montessori preschool.

Montessori Preschool – Before and After Care (Kidz Time)
(For children who are not 5 days per week)

Drop off:

Early Bird 7:00 am – 8:45am $5 per day

Pick up:

After Care 3:30 pm – 6:00 pm $10 per day

Both Sessions Daily $15 per day

AMERICAN montessori ACADEMY

Lower Campus (PreK-2)
14800 Middle Belt Rd
Livonia, MI 48154
734-525-7100

Upper Campus (3-8)
17175 Olympia St
Redford, MI 48240
313-533-0000

I, ____ (print name), understand that I must fill out the packet in its entirety and provide American Montessori Academy with the required documents in order for my child to be accepted into the KidzTime program.

I have completed the following documents in their entirety:

- ☐ KidzTime Contract
- ☐ Medical Treatment Consent Form
- ☐ Emergency Card (filled out in its entirety)
- ☐ KidzTime Schedule

☐ I have read the Health Care Policy that is posted online and onsite.

☐ I have read the AMA KidzTime Parent Handbook that is posted online and onsite.

☐ I understand that AMA maintains a licensing notebook which includes all licensing inspection reports, special investigation reports, and all related corrective action plans. I understand that the notebook is kept on the premises at all times and is available for my review during regular business hours. I also understand that all licensing inspection and special investigation reports from the past two years are available for my review online at **www.michigan.gov/michildcare**.

☐ By checking this box, I am stating the following:

- My child is in good health. (list any activity restrictions below)
- My child's immunizations are up-to-date.
- The school has a copy of my child's immunization record or the appropriate waiver issued by the county.

Child's Name ____

Room ______________________ Teacher ________________________

____
Parent/Guardian Signature Date Telephone Number

Activity Restrictions:

____

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