



# PINES MONTESSORI SCHOOL

3535 CEDAR KNOLLS DRIVE  
KINGWOOD, TEXAS 77339

APPLICATION  
FOR ENROLLMENT

281-358-8933

Primary or Toddler

DATE \_\_\_\_\_

Full Name of Student \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Boy  Girl  Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

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

Elementary school in your neighborhood \_\_\_\_\_ Subdivision \_\_\_\_\_

Child Resides with \_\_\_\_\_ Relationship \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Siblings \_\_\_\_\_

Ages/Schools \_\_\_\_\_

Person Responsible for Tuition \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_



Desired Enrollment Immediate \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_

Program(s) Desired:

Extended Care (Please Specify Hours)

Toddler 8:30 - 3:00 \_\_\_\_\_

6:30 - 8:30 am \_\_\_\_\_

Primary 8:30 - 3:00 \_\_\_\_\_

3:00 - 6:00 pm \_\_\_\_\_ Toddler

3:00 - 6:30 pm \_\_\_\_\_ Primary

**For School Use:**

Application Fee Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Office Staff: \_\_\_\_\_

**Record of Previous Schooling**

School \_\_\_\_\_ Grades \_\_\_\_\_ Dates \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Reason for Leaving School \_\_\_\_\_

\_\_\_\_\_

Are you familiar with Montessori Education? \_\_\_\_\_ Where did you hear about it? \_\_\_\_\_

\_\_\_\_\_

How did you find out about our school? If referred by an individual or corporate representative, please give their name. \_\_\_\_\_

What is your child's attitude towards school? \_\_\_\_\_

\_\_\_\_\_

What activities does your child enjoy most? (sports, hobbies, special activities) \_\_\_\_\_

\_\_\_\_\_

What kinds of things are especially difficult for your child? \_\_\_\_\_

\_\_\_\_\_

What do you consider a discipline problem with your child? \_\_\_\_\_

\_\_\_\_\_

How do you handle this? \_\_\_\_\_

What aspects of your child's development are you interested in seeing the school enhance? \_\_\_\_\_

\_\_\_\_\_

Notes about your child's early history (i.e. adoption, difficult birth, developmental delays, early illness, allergies, trauma to child or family members, frequent moves or changes of caregiver, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate your child's stage of toilet training as of now: \_\_\_\_\_

What is your child's first language? \_\_\_\_\_ Other Language(s) \_\_\_\_\_

Are there any special considerations with your child that teachers should know about, such as physical difficulties, medication, allergies, eating habits, sleeping difficulties, behavioral difficulties, language development, learning/motor difficulties, adjustments to changes in family situation, etc.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List Medications Here:**

\_\_\_\_\_

Where will your child spend the part of the day he/she is not at school? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ No \_\_\_\_\_ Yes Texas Department of Protective and Regulatory Services requires us to offer a rest period to children under the age of 5.

How much Television does your child watch? \_\_\_\_\_

**ADMISSIONS AND ENROLLMENT INFORMATION**

1. *Inquiry:* Parents of prospective students are encouraged to call the school for an appointment to visit the school, observe a class and discuss the program with the school's director.
2. *Application:* The completed application and a non-refundable application fee to reserve a place on the waiting list. When space becomes available, placement of children from the waiting list is done according to the following considerations:
  - A. Original Date of Application
  - B. Sibling in School
  - C. Past Montessori Experience
  - D. Need of an individual class to maintain a balance relating to sex and age distribution.
3. *Interview:* When there is an opening, the school will call. The parent will be asked to bring the child to attend an interview to familiarize the child with the school, to determine his/her readiness for school, and to establish mutual understanding between school and family. The child may be invited for visits to morning work time, to help ensure a good match between student and class.
4. *Enrollment:* Parents will be issued an Enrollment Agreement outlining complete tuition information. The signed and returned agreement with the applicable fees and form will secure the child's place in the school.
5. *Required Forms:* Before the child attends class all registration forms must be completed and returned.
6. *Tuition and Extended Care Fees:* All fees are due and payable according to the pre-arranged tuition plan selected. A penalty may be added to payments received later than 10 days after the due date.
7. *Withdrawal:* Withdrawals for any reason require written notice at least 30 days in advance of the withdrawal, or the deposit is forfeited. After the school has received proper notice, any unearned prepaid tuition and deposits held by the school will be refunded.
8. *Parent Participation:* Parents are welcome on campus and often volunteer.
9. *Non-Profit Status:* The Pines Montessori School is a non-profit educational organization deriving its funds from tuition, tax-deductible contributions and grants.
10. *Non-Discrimination Policy:* The Pines Montessori School admits students of any race, color, religion, sex or national origin.

In signing this application, the parent or guardian agrees with the regulations and procedures stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date