



THE GAN MONTESSORI SCHOOL

Application for Enrollment

2017-2018 School Year

First Day of School: September 5, 2017

Orientation starts week of August 28-Sept 1

- | | |
|---|---|
| <input type="checkbox"/> Toddler Program Ages 24-36 months*
9:00 a.m.-12 Noon | <input type="checkbox"/> Primary + Lunch Program Ages 2 ½ - 5 years
9:00 a.m.-12:30 pm |
| <input type="checkbox"/> Toddler Program Ages 24-36 months*
9:00 a.m.- 12:30 pm | <input type="checkbox"/> Primary Program Ages 2 ½ - 5 years
9:00 a.m.- 3:00 p.m. |
| <input type="checkbox"/> Toddler Program Ages 24-36 months*
9:00 a.m.- 3:00 pm | <input type="checkbox"/> Kindergarten
9:00 a.m.-3:00 p.m. |
| <input type="checkbox"/> Primary Program Ages 2 ½ - 5 years
9:00 a.m.- 12 Noon | <input type="checkbox"/> Early Care
8:00 a.m. – 8:40 a.m. |
| <input type="checkbox"/> Extended Day
3:00 – 4:00 p.m. (Monday through Thursday; Friday
extended day schedule varies seasonally) | <input type="checkbox"/> Extended Day
3:00 – 5:00 p.m. (Monday through Thursday; Friday
extended day schedule varies seasonally) |

Name of Child	Birthdate	Age	M / F
Nickname (if applicable)		Hebrew Name	
Address			
Mother's Name			
Home Phone		Cell Phone	
Address (if different from child's)			
Most Frequently Checked E-mail			
Occupation		Business Phone	
Father's Name			
Home Phone		Cell Phone	
Address (if different from child's)			
Most Frequently Checked E-mail			
Occupation		Business Phone	

The Gan Montessori School

519 Lamberton Drive, Silver Spring, MD 20902

Phone: 301-593-1117 ~ Fax: 240-489-8339 ~ Email: theganmontessori@gmail.com

Grandparents' Names and Addresses: (only be used for occasional school mailings)

Names and ages of brothers and sisters:

Foreign language(s) spoken at home:

Previous schools attended and dates:

Is your child toilet trained?

☐ Yes

☐ No

Does your child have allergies?

☐ Yes

☐ No

If so please explain:

Medical Restrictions:

Does your child have an IEP or IFSP? If so, please contact our director to schedule a meeting to discuss how
The Gan Montessori can help meet your child's needs. _____

Are there any other special considerations that you would like your child's teacher to know about?

I hereby apply for a place for _____

(Child's Name)

Enclosed is my non-refundable application fee of \$50. I understand this **DOES NOT** guarantee a place for my child for 2017-2018 school year. The Gan Montessori will contact me upon receipt of this application.

Print Name

Signature

Date

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TERMS AND CONDITIONS

1. **PARENTAL CONSENT:** I hereby give consent for my child to participate in all activities of The Gan Montessori unless I advise you otherwise **in writing**. I grant permission for my child to be transported by The Gan Montessori staff from one school location to another if necessary.
2. **FEES:** I have received a statement of tuition and fees for the 2017-2018 school year. I agree to pay all tuition and fees in a timely manner and understand that failure to do so could result in my child being unable to attend school.
3. **DISCIPLINE POLICY:** I certify that I have received and read The Gan Montessori discipline policy (available on The Gan Montessori website). I understand and agree to the terms laid out in this policy.
4. **HEALTH:** To the best of my knowledge, my child is in good health and I will notify The Gan if he/she is exposed to any infectious diseases. I understand that my child may be dismissed during a school day due to illness, at the discretion of The Gan, and I agree to abide by the Director's decision.
5. **IMAGES, ETC.:** Permission is hereby given to use in promoting The Gan Montessori and in other ventures directly relating to The Gan (i) digital, photographic and video images or likenesses of my child; audio of my child; and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by my child or originating from The Gan or from a school-related activity.

I have read and agree to all the terms and conditions of this registration form. I am including a non-refundable registration deposit of \$300 along with submission of this form.

Parent/Legal Guardian _____ Date _____