



2025 SUMMER PRE-PRIMARY APPLICATION

Child's Name:				My child prefers to be called:					
Birthdate:					Gender:	Male	Female		
Home Address:									
City, State, Zip:									
What month will your child start at CMS?			Cł	Child's T-shirt Size:					
Name of Child's Previous Scho	ool/Daycare:								
Public School District of Residence: Public School District			Pub	ublic School Assigned Building:					
Does your child have an IEP/5	04 Plan?	Yes	No If yes, please provide CMS with a <u>current</u> copy at registration.						
New Families Only: How wou	uld a Canton Montess	ori School educatio	n benefi	t your child?					
Status of Parents:	Married	Partners		Single	Divorced	Widowed			
Do custody documents exist fo	r my child:	Yes	No	lf yes, please provide	CMS with a <u>curren</u>	t copy at registration.			
Student resides with:									
Parent One Name:				Relationship to S	tudent:				
Home Address:				City, State, Zip:					
Email Address (Required):									
Employer Name:				Position:					
Parent Two Name:				Relationship to S	tudent:				
Home Address:				City, State, Zip:					
Email Address (Required):				Preferred Phone:					
Employer Name:				Position:					
Parent Three Name:				Relationship to S	tudent:				
Home Address:				City, State, Zip:					
Email Address (Required):				Preferred Phone:					
Employer Name:				Position:					

What is the best phone number to call if we need to contact you?

PLEASE SELECT FROM EITHER OPTION 1 OR OPTION 2 BELOW:

Option #1: I want to enroll my child 5 days/week from the following session(s) ONLY:

		Half Days (9:00 AM – N	Noon) Full Days (9:00 AM – 3:15 PM)
Session 1: Gardening/Nutrition and Authors June 9 - June 27 (3 weeks)		\$750	\$1500
Session 2: Oceans June 30 - July 18 (3 weeks)		\$750	\$1500
Session 3: Asia July 21 - August 8 (3 weeks)		\$750	\$1500
	Hall of Fame -15 (1 week)	\$250	\$500
School Lunch Optional	Daily	Option Not Availabl	e Cost Varies Based on # of Sessions Enrolled*
	Pizza Friday <u>ONLY</u>	Option Not Availabl	e Cost Varies Based on # of Sessions Enrolled*

Add the selections above to determine the total monthly tuition installment amount. * The CMS Business Office will contact you directly for exact cost of lunch based on the number of sessions (weeks) enrolled in summer camp.

Option #2: I want to enroll my child for the ENTIRE SUMMER for the schedule listed below:

Pre-Primary Program		3 Da	ys/Week	5 Days/Week	
(Ages 3 – Rising 1 st Graders)		2 Monthly Installment Payments		2 Monthly Installment Payments	
Tuition & Schedule		(June & July)		(June & July)	
Before School Care	7:00 AM – 9:00 AM	\$132		\$220	
Optional	8:00 AM – 9:00 AM	\$66		\$110	
School Day Must Select One	9:00 AM - Noon (Half Day)	Option Not Available		\$760	
	9:00 AM – 3:15 PM (Full Day)	\$760		\$950	
After School Care Optional	3:15 PM – 5:00 PM	\$115.50		\$192.50	
	3:15 PM – 6:00 PM	\$181.50		\$302.50	
School Lunch	Daily	\$48		\$80	
Optional	Pizza Friday ONLY	Option Not Available		\$16	

Add the selections above to determine the total monthly tuition installment amount.*

* Monthly tuition installment amounts are based upon your child attending the entire summer and have been divided into 2 installment payments for your convenience. Your first monthly installment payment invoice will include a prorated balance if your child begins after the summer is already in progress.

For students attending 3 days/week, please mark one of the schedule options below (days must be consecutive):

Monday-Tuesday-Wednesday

Tuesday-Wednesday-Thursday

Vacation Credit

- Families who enroll their child in the <u>entire summer program</u> are eligible for a maximum of one week vacation credit (prorated credit based upon the entire summer tuition).
- If you know your vacation dates, please enter them here:

Payment: Payments are due on the 1st of each month. Parents are encouraged to participate in our electronic payment plan, eliminating the need to submit a check or credit card payment each month. Payments are automatically withdrawn from your account on/around the 1st and the 15th of each month. There are no fees for this service. Complete the Automatic Withdrawal Payment Agreement Form in the enrollment packet to sign up.

By the signature below, I (we) acknowledge that I (we) have read, understand, and agree with this application for enrollment to Canton Montessori School and that all of the information provided is accurate and true.

Signature of Parent	Last 4 of SS#	DOB	Date	
Signature of Parent	Last 4 of SS#	DOB	Date	
	For Office use only Deposit Check #	Amount:	Date:	