



ST. CROIX
Montessori School
Unlimited Potential. Individual Success.

ELEMENTARY APPLICATION

Today's Date: _____
Interested Starting Date: _____

APPLICATION FOR: Elementary (6-12 year olds)

STUDENT applicant: _____ Birth date: _____
last name first middle month day year

Prefers to be called (nickname): _____ Gender: Male Female

Home Address: _____ Telephone: (____) ____ _____

City: _____ State: _____ Zip Code: _____

FAMILY INFORMATION

Guardian's Name: _____ Guardian's Name: _____

Home Telephone: (____) _____ Home Telephone: (____) _____

Home Address: _____ Home Address: _____

City/State/Zip: _____ City/State/Zip: _____

Occupation: _____ Occupation: _____

Business: _____ Business: _____

Business Address: _____ Business Address: _____

Business Phone: (____) _____ Business Phone: (____) _____

E-mail: _____ E-mail: _____

Other children in the family:

Name	Birth Date	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about St. Croix Montessori School? Please be as specific as possible.

Web Search Word of mouth Drove by Magazine Ad Other _____

We strive to fully disclose our school and its programs to you and we ask you to disclose your intent for your child's education future below. If your child is admitted to the Primary Program, are your intentions to enroll your child through the full Primary cycle: i.e., through the kindergarten year? Is your intent to enroll your child through the elementary years? Junior High? Please respond:

STUDENT INFORMATION

Please list your child's interests, activities, or hobbies. Describe what he or she enjoys doing.

Describe any illness, allergy, operation, or physical disability, that has affected or may affect the applicant's general health, schoolwork, or physical activity.

Describe any food allergies or intolerances your child may have.

Do you have food preferences for your child (vegetarian, non-dairy, etc.)? Yes No
If yes, please explain.

Has the applicant had an educational, neurological, or psychological evaluation? Yes No
What was the nature of the evaluation? _____

When was the evaluation done? _____
(Please include a copy of the evaluation as part of the child's application information to help us with placement.)

What other information relating to your child's development would be helpful for us to know?

Are there other things you would like to mention about your child?

Non-English language education or background: _____

St. Croix Montessori strives to meet the individual needs of each student. Please list any special needs (sight, hearing, speech, occupational therapy, special medicines, etc.) your child may have.

PARENT INFORMATION

Why are you interested in sending your child to St. Croix Montessori School?

What are the most important things to you regarding your child's educational environment? What are your goals for your child's education?

Please explain what you understand about the Montessori Philosophy.

What kinds of things do you do with your child when you have free time?

How many hours of screen time (television/computer, etc.) does your child have every week? What is your philosophy regarding screen time?

Please indicate your preferred class schedule:

Toddler: 5 Half Days (8:30 A.M. - 11:30 A.M.) 4 Half Days (4 consecutive days)
 5 Full Days (8:30 A.M. - 3:30 P.M.) 4 Full Days (4 consecutive days)

Primary: 5 Half Days (8:30 A.M. - 11:30 A.M.)
 5 Half Days Plus (8:30 A.M. - 1:15 P.M.)
 5 Full Days (8:30 A.M. - 3:30 P.M.)

Please indicate your likely Before and/or After School program usage, if any.

7:30 - 8:30 A.M. 3:30 - 6:00 P.M.

Parent's Signature

Date

Please return this application with a \$100.00 non-refundable application fee to:

St. Croix Montessori School
177 Neal Avenue North
Stillwater, MN 55082

St. Croix Montessori School 2019-2020 Tuition and Fee Schedule

Program		Tuition	Deposit Due with Signed Contract	One Payment (August)	Three Payments (August, November, February) 6% Fee	Ten Payments (August - May) 10% Fee
TODDLER COMMUNITY						
	5 Full Days	\$ 13,290.00	\$ 500.00	\$ 12,790.00	\$4,519.13	\$1,406.90
	4 Full Days	\$ 12,389.00	\$ 500.00	\$ 11,889.00	\$4,200.78	\$1,307.79
	5 Half Days	\$ 10,789.00	\$ 500.00	\$ 10,289.00	\$3,635.45	\$1,131.79
	4 Half Days	\$ 9,451.00	\$ 500.00	\$ 8,951.00	\$3,162.69	\$ 984.61
PRIMARY						
	5 Full Days	\$ 11,204.00	\$ 500.00	\$ 10,704.00	\$3,782.08	\$1,177.44
	5 Half Days Plus	\$ 9,888.00	\$ 500.00	\$ 9,388.00	\$3,317.09	\$1,032.68
	5 Half Days	\$ 8,480.00	\$ 500.00	\$ 7,980.00	\$2,819.60	\$ 877.80
ELEMENTARY						
		\$ 11,204.00	\$ 500.00	\$ 10,704.00	\$3,782.08	\$1,177.44

Additional Program Fees:

In addition to tuition, please plan for the following fees, which will be invoiced as part of the August 1st billing.

Community Enrichment Fee: \$200 per family

This one-time fee, provides funds for community wide events that benefit all families. This includes parent workshops, hospitality and social events and publications.

Elementary Student Fee: \$375 per student

This fee helps cover the cost of the overnight camping trips and going out program.

Class Hours: TODDLER PROGRAM

Full Day 8:30 a.m. - 3:30 p.m.
Half Day 8:30 a.m. - 11:30 a.m.

PRIMARY PROGRAM

Full Day 8:30 a.m. - 3:30 p.m.
Half Day + 8:30 a.m. - 1:15 p.m.
Half Day 8:30 a.m. - 11:30 a.m.

ELEMENTARY SCHOOL

8:30 a.m. - 3:30 p.m.

Classroom drop-off is from 8:10 a.m. to 8:25 a.m.

BEFORE/AFTER SCHOOL HOURS - MUST BE CONTRACTED IN ADVANCE.

7:30 a.m. - 8:30 a.m. and 3:30 p.m. - 6:00 p.m. The charge is \$7.50 per hour.