

St. Croix Montessori School

Today's Date: _____
Interested Starting Date: _____

APPLICATION FOR:

Toddler (ages 18 months - 36 months) **Primary** (3-6 years) **Elementary** (6-12 years) **Gender:** Male Female

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

Prefers to be called (nickname): _____

Home Address: _____ Telephone: (____) ____ _____

City: _____ State: _____ Zip Code: _____

FAMILY INFORMATION

Mother's Name: _____

Father'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.

Internet Yellow Pages Word of mouth Drove by Newspaper 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? 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, mobility, special medicines, etc.) your child may have.

PARENT INFORMATION

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

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?

What are your child's favorite television shows and how many hours of television does your child watch every week? What is your philosophy regarding television?

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. - 3:00 P.M.) 4 Full Days (4 consecutive days)

Primary: 5 Half Days (8:30 A.M. - 11:30 A.M.)
 5 Full Days (8:30 A.M. - 3:00 P.M.)

Elementary: 5 Full Days (8:30 A.M. - 3:00 P.M.)

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

7:30 - 8:30 A.M. 3:00 - 5:30 P.M.

Please call us with any question you may have. 651-436-2603.

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
2012-2013 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	\$10,710.00	\$500.00	\$10,210.00	\$3,607.54	\$1,123.32
	4 Full Days	\$9,980.00	\$500.00	\$9,480.00	\$3,349.60	\$1,042.80
	5 Half Days	\$8,690.00	\$500.00	\$8,190.00	\$2,893.80	\$900.90
	4 Half Days	\$7,615.00	\$500.00	\$7,115.00	\$2,513.97	\$782.65
PRIMARY						
	5 Full Days	\$9,030.00	\$500.00	\$8,530.00	\$3,013.93	\$938.30
	5 Half Days	\$6,825.00	\$500.00	\$6,325.00	\$2,234.83	\$695.75
ELEMENTARY						
		\$9,030.00	\$500.00	\$8,530.00	\$3,013.93	\$938.30

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: \$100 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 Fees: \$250 per student

This fee covers the cost of the overnight camping trip to Wolf Ridge.

Class Hours: PRIMARY/TODDLER CLASS

Full Day

8:30 a.m. – 3:00 p.m.

Half Day

8:30 a.m. – 11:30 a.m.

ELEMENTARY SCHOOL

8:30 a.m. – 3:00 p.m.

Classroom drop-off is from 8:15 a.m. to 8:25 a.m.

BEFORE/AFTER SCHOOL HOURS AND FEES – MUST BE CONTRACTED IN ADVANCE.

7:30 a.m. - 8:30 a.m. and 3:00 p.m. - 5:30 p.m. The charge is \$6.50 per hour.