



45 MAKALAPA DRIVE HONOLULU, HI 96818
(808)422-6833

www.montessoricenterofpearlharbor.org
montessoriph@hawaii.rr.com

Dear Parents,

Thank you for your interest in our Montessori school. At the present time we are taking applications for our waiting list.

To place your child's name on the waiting list, please mail the **Application For Admission, Priority Checklist** and a **check or money order** for the **\$20 Application Fee** to the above address. This fee is non-refundable and will be applied to the Registration Fee upon acceptance.

If an opening occurs for your designated time slot, we will invite you and your child to visit our school. At that time we will schedule an appointment to observe our classrooms in session.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Ruth Nunnari". The signature is written in black ink on a light-colored background.

Sandra Ruth Nunnari
Director



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APPLICATION FOR ADMISSION

MONTESSORI CENTER OF PEARL HARBOR ADMITS CHILDREN
OF ANY RACE, COLOR, AND NATIONAL OR ETHNIC ORIGIN

Child's Name	Nickname	Sex	Birth Date
Home Address	City	State	Zip Code
Mother's Name	Home Phone	Cell Phone	
Home Address	City	State	Zip Code
Mother's Occupation	Hours	Business Phone	
Business Address	City	State	Zip Code
Father's Name	Home Phone	Cell Phone	
Home Address	City	State	Zip Code
Father's Occupation	Hours	Business Phone	
Business Address	City	State	Zip Code

E-mail address(es) _____

Marital status of parents _____

Other children in the family (names, ages, and birthdays) _____

Language spoken in the home _____

Has your child had any previous preschool experience? No _____ Yes _____

If yes, please check type of program: Montessori _____ Preschool _____ Play Group _____ Day Care _____

Name/Location of Facility _____ How Long? _____

Does your child have any allergies and/or special medical needs? _____

Does your child take naps? _____

Federal rules require that children enrolled until 2:30 pm must rest daily on an individual cot after lunch.

PICK UP AUTHORIZATION The following people may pick-up my child:

<u>Name and Address</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Bus. Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

A written release is required if there are any changes in these arrangements.

OPERATING HOURS Monday to Friday 8:00 am - 3:00 pm Our center observes State and Federal holidays.

PROGRAMS Please check the program desired:

AM Preschool
Monday to Friday
8:30 am to 11:30 am

Preschool & Day Care
Monday to Friday
8:30 am to 12:30 pm

Preschool & Daycare
Monday to Friday
8:30 am to 2:30 pm

AGES: **Children shall be over 3 and under 6 years of age and toilet trained.**

TUITION: See attached Fee Schedule

- FEES:
- Application Fee: \$20 will be applied towards Registration Fee upon acceptance and will place child's name on Waiting List.
Non-Refundable
 - Registration Fee: \$120 for all Preschool Programs (due at time of enrollment or upon acceptance, if later).
Non-Refundable
 - Material Fee: \$100 for all Preschool Programs. Due upon registration.
Non-refundable after June 1.
 - Other Fees: Field trip fees will be computed according to the actual cost of bus fare, admission, etc.

FIELD TRIPS: Field trips and walks are a regular and carefully supervised part of our program. Walks in the neighborhood are sometimes taken without previous planning, but parents will be notified before each trip when children are to be taken by bus.

My child may leave the school for walks or field trips _____ yes _____ no.

I understand and agree that Montessori Center of Pearl Harbor, its employees or volunteers will not be held responsible for injury or illness while attending the school program; and I do hereby, for my heirs, executors, and administrators, release and forever discharge Montessori Center of Pearl Harbor, its employees, agents, and volunteers acting officially or otherwise, from all claims, demands or causes of action that may occur or arise thereof.

Parent Signature _____ Date _____

A CURRENT HAWAII STUDENT HEALTH RECORD IS REQUIRED BY LAW OF ALL STUDENTS



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PRIORITY CHECKLIST

Please check all applicable spaces, sign and return.

- Active duty Armed Services
Branch of service _____
- Active duty Coast Guard
- Reserve on Active Duty
- DoD Employee
- Ready Reserve
- Retired Armed Services
- Civilian Contractor

- Returning student, any age
- Sibling, aged 3 to 5, of
present student
- Child between 3 and 4 years
- Child over 4 years of age

A Dependent Care Certificate / Family Care Plan
is required for children of dual military personnel.

The school is located inside Borchers Gate. Parents must have a Military ID card, CAC card or civilian / contractor gate pass in order to access our facility. The school is not able to sponsor anyone.

PARENT SIGNATURE: _____

DATE: _____ CHILD'S NAME: _____

Montessori Center of Pearl Harbor is a non-profit corporation registered in the State of Hawaii and has been granted tax-exempt status by the Internal Revenue Service Section 501 (c) (3).

The school is solely dependent upon tuition income.