



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

[www.montessoricenterofpearlharbor.org](http://www.montessoricenterofpearlharbor.org)

[montessoriph@hawaii.rr.com](mailto: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 submit the Application For Admission, Priority Checklist and the \$10 Application Fee. 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 green rectangular 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: \$10 will be applied towards Registration Fee upon acceptance and will place child's name on Waiting List.  
**Non-Refundable**
  - Registration Fee: \$100 for all Preschool Programs (due at time of enrollment or upon acceptance, if later).  
**Non-Refundable**
  - Material Fee: \$90 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.

- |   |  |
|---|--|
| <input type="checkbox"/> Active duty Armed Services |  |
| Branch of service _____                             | <input type="checkbox"/> Returning student, any age  |
| <input type="checkbox"/> Active duty Coast Guard    | <input type="checkbox"/> Sibling, aged 3 to 5, of    |
| <input type="checkbox"/> Reserve on Active Duty     | present student                                      |
| <input type="checkbox"/> DoD Employee               | <input type="checkbox"/> Child between 3 and 4 years |
| <input type="checkbox"/> Ready Reserve              | <input type="checkbox"/> Child over 4 years of age   |
| <input type="checkbox"/> Retired Armed Services     |  |
| <input type="checkbox"/> Civilian Contractor        |  |

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.*