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,

Sandra Ruth Nunnari
Director
APPLICATION FOR ADMISSION

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

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Nickname</th>
<th>Sex</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Mother’s Name</td>
<td>Home Phone</td>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Mother’s Occupation</td>
<td>Hours</td>
<td>Business Phone</td>
<td></td>
</tr>
<tr>
<td>Business Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Father’s Name</td>
<td>Home Phone</td>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Father’s Occupation</td>
<td>Hours</td>
<td>Business Phone</td>
<td></td>
</tr>
<tr>
<td>Business Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

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? ____________________________
APPLICATION FOR ADMISSIONS Page 2

CHILD’S NAME: __________________________________________

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

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Relationship</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Bus. Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 your child’s name on the Waiting List.

Registration Fee: Non-Refundable $120 for all Preschool Programs (due at the time of enrollment or upon acceptance, if later).

Material Fee: Non-refundable after June 1 $100 for all Preschool Programs. Due upon registration.

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
PRIORITY CHECKLIST

Please check all applicable spaces, sign and return.

___ Active duty Armed Services  
    Branch of service ________               ____ Returning student, any age
___ Active duty Coast Guard                     ____ Sibling, aged 3 to 5, of 
___ Reserve on Active Duty               ____ Child between 3 and 4 years
___ DoD Employee  
___ Ready Reserve                         ____ Child over 4 years of age
___ Retired Armed Services  
___ Civilian Contractor

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

The school is located inside Borcher’s 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.