



45 MAKALAPA DRIVE HONOLULU, HI 96818

(808)422-6833

www.montessoricenterofpearlharbor.org

montessoriph@gmail.com

APPLICATION FOR ADMISSION

Montessori Center of Pearl Harbor admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies and admission policies.

Child's Name	Nickname	Sex	Birth Date
Home Address	City	State	Zip Code
Parent 1 Name <input type="checkbox"/> Mother <input type="checkbox"/> Father	Home Phone	Cell Phone	
Home Address	City	State	Zip Code
Parent 1 Occupation	Hours	Business Phone	
Business Address	City	State	Zip Code
Parent 2 Name <input type="checkbox"/> Mother <input type="checkbox"/> Father	Home Phone	Cell Phone	
Home Address	City	State	Zip Code
Parent 2 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 1:30 pm must rest daily for approximately thirty minutes after lunch.



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APPLICATION FOR ADMISSIONS Page 2 CHILD'S NAME: _____

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

<u>Name and Address</u>	<u>Relationship</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 8:15 am - 2:30 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 1:30 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 Non-Refundable	will be applied towards Registration Fee upon acceptance and will place your child's name on the Waiting List.
Registration Fee: \$120 Non-Refundable	for all Preschool Programs (due at the time of enrollment or upon acceptance, if later).
Material Fee: \$100	for all Preschool Programs. Due upon registration. Non-refundable after June 1.

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.*