



APPLICATION

Monarch Montessori School
7600 W 75th St, Overland Park, KS

WWW.MONARCHKC.COM
913-649-4114

Child's Name _____ Gender _____
first middle last

Birth Date _____ What does your child prefer to be called? _____
This name will be on your child's tote bag, name tag, work folder, cubby, etc.

When would you like your child to begin school at Monarch? _____
Month / year

How old will your child be on that date? _____ Is your child potty trained? _____
years / months

When a spot becomes available, how do you want us to contact you? Indicate the phone number or email address you want us to use: _____

<input type="radio"/> Primary Half Day Program	8:30-11:30	Monday-Friday
<input type="radio"/> Primary Half Day Program	11:30-2:30	Monday-Friday
<input type="radio"/> Primary Full Day Program	8:30-2:30	Monday-Friday
<input type="radio"/> AM Care	8:00-8:30	Monday-Friday
<input type="radio"/> PM Care to 4:00	2:30-4:00	Monday-Friday
<input type="radio"/> PM Care to 5:30	2:30-5:30	Monday-Friday
<input type="radio"/> Toddler Full Day Year Round Program	8:00-5:30	Monday-Friday
<input type="radio"/> SUMMER PROGRAM-For Primary Students Only		

Why have you chosen a Montessori school for your child? _____

Has your child attended school or daycare elsewhere? Please describe. _____

If so, what was your reason for leaving? _____

How did you hear about Monarch Montessori School? _____

Montessori preschool is a 3-year, interrelated and cumulative curriculum during the preschool, pre-k, and kindergarten years. All children who participate in the curriculum through their kindergarten year will be refunded 50% of their total enrollment fees at the completion of kindergarten. Do you plan for your child to complete the kindergarten curriculum? _____

Please List any allergies, their reactions and treatments. _____

Are there any other health issues you would like us to know about? _____

Does your child have any special needs you would like us to know about? _____

Has your child had any birth complications, stressful early experiences, or unusual circumstances of which we should be aware?

What else would you like us to know about your child? _____

Do you have any special interest or talents that you would like to share with the children or the school? _____

FAMILY INFORMATION Please number each phone to indicate the order in which we should call them.

Parent/Guardian _____ Parent/Guardian _____

Cell Phone _____ Cell Phone _____

Home Phone _____ Home Phone _____

Address _____ Address _____

City St Zip _____ City St Zip _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Address _____ Work Address _____

Work Phone _____ Work Phone _____

Email _____ Email _____

List the name and age of any other children living in the home with your child: _____

Complete this application and return it to the school. When a spot becomes available for your child, we will contact you. You will have an opportunity to accept the position and complete the enrollment process. Once the signed Enrollment Contract is returned to the school accompanied by your tuition deposit and enrollment fee, your child's spot in the program will be secured. The tuition deposit is applied to your child's last month's tuition payment.

Parent/Guardian's Signature _____ Date _____

Print Name _____

Please deliver your completed form to the school office or mail to:

Monarch Montessori School
7600 W 75th St
Overland Park KS 66204
or email to:
Rebecca@MonarchKC.com