



Application for Enrollment

The Montessori School of the Mahoning Valley
2008 Lynn Avenue, Youngstown, OH 44514 Phone: 330.788.4622
Fax: 330.788.1754 www.msmv.org

STUDENT NAME _____
First Middle Last

Students DOB

Students Age

Gender

Parent A (residential parent/guardian) Information:

Name: _____

Relationship to CHILD: *check all that apply*

Father Mother Step Parent

Residential Parent Other _____
Relationship

Email Address: _____

Phone: _____ Home

_____ Work

_____ Cell

Address: _____

Parent B Information:

Name: _____

Relationship to CHILD: *check all that apply*

Father Mother Step Parent

Residential Parent Other _____
Relationship

Relationship to PARENT A: Spouse Partner

Divorced Separated Other _____
Relationship

Email Address: _____

Phone: _____ Home

_____ Work

_____ Cell

Address: _____

Program for which you are applying

Half- Day Primary (ages 3-6)
M-F 8:30 a.m. to 11:30 a.m.

All-Day Kindergarten (ages 5-6)
M-F 8:30 a.m. to 3:00 p.m.

Lower Elementary (ages 6-9)
M-F 8:30 a.m. to 3:00 p.m.

Upper Elementary (ages 9-12)
M-F 8:30 a.m. to 3:00 p.m.

Adolescent Program (ages 12-14)
M-F 8:30 a.m. to 3:00 p.m.

Anticipated date of enrollment: _____

By enrolling my child in MSMV, I hope that s/he will _____

If Previous School Experience:

Last Completed Grade Level _____

Name of School

Dates

Street, City, Zip

School Phone

Reason for leaving? _____

From what source did you learn about our school? _____

Name of person who referenced us to you: _____

Names of persons residing in your home and their relationship to the child *(if under 21, please list age)*

_____ Name	_____ Age	_____ Relationship to child	_____ Name	_____ Age	_____ Relationship to child
_____ Name	_____ Age	_____ Relationship to child	_____ Name	_____ Age	_____ Relationship to child
_____ Name	_____ Age	_____ Relationship to child	_____ Name	_____ Age	_____ Relationship to child

I understand that ...

1. A non-refundable application fee of \$35.00 is due with the return of this document. Once received, my application will be processed and a date set for my child to visit the school and interview with a teacher.
2. The Montessori School of the Mahoning Valley, Inc. operates as a cooperative of parents, children and teachers. By enrolling my child I become a member of the cooperative. As a member I will be called upon to volunteer by sharing my time and talents. I will support the school by participating in activities and fundraisers. I also understand that at least one family representative will attend the Annual Co-op meeting and participate in one of the two scheduled Beautification Days.
3. Enrollment is for the entire period as per the enrollment contract and I will be responsible for the full fees of the program I have selected for my child regardless of his/her attendance.
4. Should my child be enrolled, both parent(s) and child will agree to follow and adhere to the policies, rules, and regulations of the School.
5. The first eight weeks of attendance is the provisional enrollment period.
6. The school is not staffed or equipped to meet the special needs of students, who, for whatever reason, require a disproportionate amount of a teacher's time. The school, therefore, discourage applications from children with significant learning disabilities, emotional problems or extreme behavior. Also, if the school finds during the school year that its program is not the best one for my child, I will be asked to come in and explore other alternatives with school representatives.

I hereby request that the above-named child be considered for acceptance into The Montessori School of the Mahoning Valley, Inc.

Signature of Parent or Guardian

Date of Application

Signature of Parent or Guardian

Date of Application

For office use only: Date _____ Pmt. _____ Ck.# _____