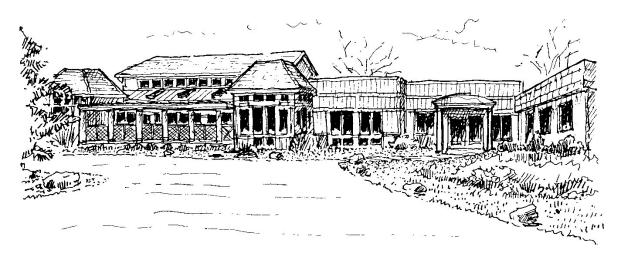


Franklin Montessori Schools

"Learning for Life"

10500 Darnestown Road \blacklozenge Rockville, MD 20850 \blacklozenge 301-279-2799 franklin@metromontessori.com \blacklozenge www.franklinschoolsmd.com

Child's name						male	Date of bi	rth		
						☐ female				
Street address						Home Phone				
City, State, Zip code Desired						start date Legal guardian of applicant				
City, State, Zip code		Desired sta			t date Legal guardian of applicant					
Names and ages of siblings										
Please indicate any medical concerns / allergies that may affect your child's care.										
Programs						Calendar & Hours				
Montessori Infant Program (3 - 24 months)						10 month				
(12 month, 7:00-6:30 only)						☐ 9-12 ☐ Early arrival: 7-8:30				
(12 11011011, 1100 0100 0111)						☐ 9-3 ☐ Extended day: 3-6:30				
\square Montessori Toddler Program (2 - 3 years) - 5 days						11 month				
Montessori Toddler Program (2 - 3 years) - 3 days (T, W, Th.)						☐ 9-12 ☐ Early arrival: 7-8:30 ☐ 9-3 ☐ Extended day: 3-6:30				
(3 day program not available in 12 month calendar)										
☐ Montessori Primary Program (2 1/2 - 6 years) – 5 days						12 month				
\square Montessori Primary Program (2 1/2 - 6 years) – 3 days (T, W, Th.)						☐ 7-6:30				
(3 day progr	am for 2 1/2	2 & 3 years only	. Not available	in 12 mc	onth.)					
Name of parent Relationship to child						Cell phone				
D 1			W 1 1							
Employer's name	Occupation	Occupation			Work phone					
Work address						Email				
Name of parent	Relationship to	Relationship to child			Cell phone					
P. I.							W. A. A.			
Employer's name	Occupation	Occupation			Work phone					
Work address						Email				
Marital status						1				
☐ Married ☐ Partnered ☐ Separated ☐ Divorced ☐ Single										
Custody matters - please specify if applicable.										
☐ Mother has custody ☐ Father has custody ☐ Joint custody										
Parent/guardian signature: I have read and understand the Procedures & Policies on the back of this application. Date										
Please include the	e \$50 non-ref	undable application	on fee with your	applicatio	on.					
For office use: Date Received \$5	50 Application	Acceptance Letter	\$550 Annual Fees	\$1,000 Der	oosit - Infan	nt Medical Pa	acket Sent	Start Date	Room	
Date Decerved the		- 1000ptance Hetter	-000 1 minuar 1 008	ψ1,000 Dej	Joseph Imali	incurcai 1 a	Solit	Dair Dair	200111	



Enrollment Procedures and Policies

Enrollment Procedure:

We recommend that you visit Franklin before submitting an application. Once the application is complete please submit it along with the \$50 **non-refundable** application fee. We will contact you to complete your child's enrollment process.

Eligibility:

Children enrolling in the primary classes must be toilet trained and able to use the bathroom independently. Children still working towards independence can be enrolled in our other programs.

Children with Special Needs:

At Franklin we strive to make reasonable accommodations to meet the developmental and social needs of every child. If you feel your child has needs that require special consideration, please schedule an appointment with the Head of Schools.

Annual Student Fees:

At the time of acceptance in the Toddler (2-3years) and Primary (2½-6 years) Programs the \$550 **non-refundable** annual student fees are due to reserve your child's place. (Annual Student Fees for re-enrollment are \$250.)

Tuition Deposit:

At the time of acceptance in the Infant Program (3-24 months) the \$1,000 non-refundable tuition deposit is due to reserve your child's place.