



International Montessori School of Albania

## Application Form

To enroll your child, please submit the following:

1. Completed Application Form
2. Registration Fee: \_\_\_\_\_ (non-refundable)
3. Last Month Deposit.

### Student Information

Child's Name: _____ (first name)	_____ (last name)
Date of Birth: _____ (dd/mm/yyyy)	Male/Female: _____
Home Address: _____	City: _____
Home Telephone: _____	Language(s) spoken at home: _____

### Parents Information

Mother's Name: _____ (first name)	_____ (last name)
Employer Name: _____	Occupation: _____
Business Phone: _____	Cell Phone: _____
(If different From Child's Address)	
Home Address: _____	City: _____
Home Phone: _____	

**Father's Name:** \_\_\_\_\_  
(first name) (last name)

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(If different From Child's Address)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

*Please Select the Applicable Montessori Program plus any Optional Programs:*

**Montessori Program** (Half-day: 8:30 a.m. – 12:30 a.m. Full-day: 8:30 a.m. – 3:30 p.m.)

Toddler class: 18 months - 3 years old (Morning Half day)

Primary (Casa): 3 - 6 years old (Full day)

Primary (Casa: 3-6 years old (part time)

## Optional

*List Allergies and/or Religious Dietary Restrictions:*

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## Emergency Contact Persons

*Person(s) to be contacted in case of emergency where parent(s) cannot be reached.*

### Emergency Contact Person (1)

Contact (1) Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Contact (1) Home Phone: \_\_\_\_\_  
Contact (1) Work Phone: \_\_\_\_\_  
Contact (1) Cell Phone: \_\_\_\_\_

### Emergency Contact Person (2)

Contact (2) Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Contact (2) Home Phone: \_\_\_\_\_  
Contact (2) Work Phone: \_\_\_\_\_  
Contact (2) Cell Phone: \_\_\_\_\_

## Student Medical Information

Student's Health Card Number: \_\_\_\_\_

List any food and/or other allergies/religious dietary restrictions. Please describe any allergic reactions (i.e. rash, swelling, convulsions, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Please list any pertinent health needs or conditions of your child such as lengthy illness, vision/hearing problems or regular medication including name of drug, reason and dosage details.

\_\_\_\_\_  
\_\_\_\_\_

### Child's Doctor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Child's Dentist Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Person(s) to Whom Child May be Released

I, the Parent/Guardian of \_\_\_\_\_ hereby give authorization for the following person(s) to pick up my child from the International Montessori School of Albania in my absence.

	<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Work Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## Permission To Receive Emergency Medical Care

I, \_\_\_\_\_, the parent of \_\_\_\_\_, understand that in the event of an accident or illness occurring to my child, the School will make every attempt to contact me and/or my spouse. If however, I or my spouse cannot be reached, I hereby give International Montessori School of Albania, its Directors, and Employees authority to act on my behalf in case of an emergency and to take appropriate steps to have my child's physician or other physician or paramedic attend to my child.

## Permission To Participate In School Activities And Go On Outings

I, \_\_\_\_\_, the parent of \_\_\_\_\_ hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school, and to take part in any out-of-school events under the supervision of a staff member for neighbourhood walks or field trips in an authorized vehicle.

## Additional Information

*Please comment on the level of development that your child demonstrates in the following areas:*

**Independence** (e.g. physical ability to manipulate clothing, desire to care for himself/herself, ability to verbalize needs, etc.):

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**Socialization** (e.g. ability to understand and obey limits, and control behavioral impulses, responsibility and helpfulness around the home and with younger siblings etc.):

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**Initiative** (demonstrates ability to initiate activities independently versus a need to be entertained, etc.):

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## Educational Experience

List name and address of any previous school or daycare most recently attended by your child and/or if your child had a nanny:

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Why have you chosen Montessori Education for your child?

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\_\_\_\_\_

How did you learn of International Montessori School of Albania?

\_\_\_\_\_

List in order of importance, reasons that most influenced your decision to enroll your child with International Montessori School of Albania.

1. \_\_\_\_\_ Other: \_\_\_\_\_
2. \_\_\_\_\_ \_\_\_\_\_
3. \_\_\_\_\_ \_\_\_\_\_

## Terms of Contract

1. A child will be considered accepted into the school when a completed and signed enrolment for as well as all the payments for the term or for the full year and the deposit in advance of the last month's fees have been submitted.
2. All new applicants must pay a registration fee that is non-refundable.
3. The last month's deposit is non-refundable after April 1<sup>st</sup>.
4. There are no refunds or deduction in fees for days the school is closed, holidays, sick days or mid-month withdrawals throughout the school year.
5. Written notice of student's withdrawal must be received one month in advance of intended date of withdrawal. Unused pre-paid tuition will be refunded less pro-rated time of attendance based on the regular monthly fee.

**I understand and agree to abide by the terms of this contract and to comply with the rules and regulations of the International Montessori School of Albania.**

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_