

GIVING TREE MONTESSORI SCHOOL

1110 W. Moreno Ave., Colorado Springs, CO 80905

www.gtmschool.com

givingtreemontessori@msn.com

Office: (719) 630-3763

FAX: (719) 632-3335



Thank you for your interest in our school.

Our building is located on top of the hill on West Moreno Avenue on a beautiful piece of land with a view of the mountains and the city.

In the fall new students are phased-in one or two at a time over a two week period to give each child the extra attention s/he needs on the first day to make the transition from home to school easier. If enrolling mid-year children will start as soon as possible, receiving the same loving attention.

To meet us and to see the children at work in our Montessori environment, please call for an appointment. A tour of the school is required in order for your child to be eligible for enrollment. Our enrollment process is outlined below.

If you feel that our learning environment suits your child's needs, reserve a place on the waiting list today by returning the enclosed application (please do NOT send a deposit at this time.). We recommend that you send the application as soon as possible. There is no commitment of any sort on your part.

If you have any further questions, please do not hesitate to call. We look forward to hearing from you in the near future.

Sincerely yours,

Gisela Tilch

Administrator

Application and Enrollment Process:

- 1) To reserve a place on the waiting list, please return the enclosed Application Form as soon as possible.
- 2) Soon after your child's second birthday, call the school to set up an appointment for you to tour the school without your child.
- 3) At the time of the tour we will set up an appointment for your child to spend some time at the school with you.
- 4) After both you and your child have taken tours, your child is eligible for acceptance to the school as openings occur.

GIVING TREE MONTESSORI SCHOOL, INC.

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APPLICATION FORM

Child's Full Name _____ Date of Birth: ___/___/___

Name child prefers to be called: _____ Gender _____

Mother/Father/Guardian's Name: _____
(circle one)

Address: _____ ZIP: _____

Home Phone: _____ Business Phone: _____

Cell phone: _____ e-mail: _____

Profession: _____ Employer: _____

Mother's/Father's/Significant Other's Name: _____
(circle one)

Address, if different from above: _____ ZIP: _____

Home Phone: _____ Business Phone: _____

Cell phone: _____ e-mail: _____

Profession: _____ Employer: _____

STUDENT MINI-PROFILE

- | <u>yes</u> | <u>no</u> | |
|------------|-----------|--|
| ___ | ___ | toilet trained (we do not expect babies to be toilet trained ☺) |
| ___ | ___ | talks in sentences |
| ___ | ___ | follows a single instruction |
| ___ | ___ | follows multiple instructions |
| ___ | ___ | seeks help when the need is recognized |
| ___ | ___ | will stay with an activity even if confronted with difficulty or immediate failure |

Attention span: will concentrate on an activity by him /herself for:
___ 5 seconds ___ 30 seconds ___ 1 minute
___ 5 minutes ___ 10 minutes ___ 15 minutes or longer: _____ min.

Previous Preschool / Day-care Experiences: _____

Other significant information (i.e. special needs, health concerns, additional background information, etc.):

(over)

Child's Name: _____

Who referred you / how did you hear about our school? _____

SESSION PREFERENCE:

<u>Mornings only:</u>	<u>Afternoons only:</u>	<u>All day:</u>
___ 3 mornings/week*	___ 3 afternoons/week*	___ 3 full days/week*
		___ 3.5 full days/week
___ 4 mornings/week*	___ 4 afternoons/week*	___ 4 full days/week
		___ 4.5 full days/week
___ 5 mornings/week	___ 5 afternoons/week	___ 5 full days/week

* This program is NOT available for children who turn four years old *on or before* Sept. 30 of the school year applying for.

If 3 or 4 day programs are chosen please circle days of preference:

M TU W TH F _____ no preference

___ additional half-days: a.m., M TU W TH F (circle which days)

p.m., M TU W TH F (circle which days)

BEFORE/AFTER SCHOOL CARE NEEDS:

___ before school from _____ a.m., on M T W TH F (circle which days)

___ after school until 4:00 p.m., on M T W TH F (circle which days)

___ I / we are interested in keeping our child in Giving Tree Montessori School for his / her Kindergarten year.

Receipt of the completed Application Form determines placement on the waiting list. Please call for an appointment to visit the school. (Please see cover letter for Application and Enrollment Process).

Only **after** you and your child have observed our school environment will your child be able to fill an opening as it becomes available. A \$ 50.00 **non-refundable** Application Fee (\$ 35.00, if sibling of currently enrolled child) will be due **upon acceptance** to the school. This non-refundable fee will secure the available opening.

Parent Signature

Date

Giving Tree Montessori School 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 or ethnic origin in administration of its educational policies, admissions policies, loan program and other administered programs.