

For Office Use Only- Date/time application received- _____
Priority- _____ \$25 App fee rec'd- Yes ___ No ___ Check # _____

STERLING MONTESSORI ACADEMY PRESCHOOL APPLICATION for 2020-2021

Applicant's Information (please print):

Legal Name: _____
Last First Middle

Date of Birth: ____/____/____ Age on August 31, 2020 _____ Gender: • Male • Female

Is this an application for a twin or multiple(s)? • Yes • No

If yes, list name(s) of the twin or multiple(s): _____

Your child is only eligible to start school once they have reached the age of 3 and is independent in the bathroom. All applicants who are not yet 3 will be placed in a waiting pool.

_____ 3 year old (must be 3 in order to attend school) _____ 4 year old (must be 4 on or before 8/31/20)

Parents'/Court Appointed Legal Guardians' Information (please print):

Custody of Child (Circle one please): Father Mother Both Parents Other

Parent/Guardian #1

Parent/Guardian #2

Name: _____ Name: _____

Relationship to applicant: _____ Relationship to applicant: _____

Address: _____ Address: _____

City State Zip Code City State Zip Code

Phone: _____ Phone: _____
Home Cell Home Cell

Email: _____ Email: _____

1) Does this applicant have a sibling(s) currently enrolled at Sterling Montessori? • Yes • No

If yes, please provide the name/s, grade/s and assigned classroom/s: _____

2) Are you submitting a charter lottery application for this applicant's sibling/s? • Yes • No

If yes, please provide sibling name/s and the grade/s for which the sibling/s is/are applying:

Name _____ Grade _____ Name _____ Grade _____

3) Does your child have any preschool experience? _____ If yes, where? _____

4) How did you hear about Sterling Montessori Academy's preschool? _____

CONTACTS: Child will be released to the parent/guardians listed or to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the school has permission to contact the following individuals/

Name/Relationship	Address	Phone
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Name /Relationship	Address	Phone
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HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Is there a medical action plan attached? • Yes • No

List any allergies, **including animals**, and the symptoms and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of, and type of response for these health care needs or concerns.

List any medication taken for that illness.

List any particular fears or unique behavior characteristics the child has (including animals).

Share any other information that has a direct bearing on assuring safe medical treatment for your child.

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone: _____

Hospital Preference (required) _____

I, as the parent/guardian, authorize the school to obtain medical attention for my child in an emergency:

Signature of Parent/Guardian _____ Date: _____

Sterling Montessori Academy agrees to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by a responsible adult. Sterling Montessori will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian or full-time custodian.

Signature of Administrator _____ Date _____

Applying to Sterling Montessori Academy Preschool

Prior to Applying:

- Please sign up and attend a preschool tour, or our Open House on January 9, 2020. Information can be found on our website, www.sterlingmontessori.org. Private, or drop-in tours are not available.
- For program information, email Fay Masterson, Academy Director:
fmasterson@sterlingmontessori.org
- For admissions information or application questions, email Wyleen Davis, Admissions Manager:
wyleendavis@sterlingmontessori.org

Submitting Your Application(s):

- **A non-refundable \$25 application fee is required in order to apply. Applications received without the required \$25 fee will not be accepted, nor considered for enrollment.**
- Applications and application fees can be dropped off in our Main Office between the hours of 8:00-4:00
- Applications and application fees can also be mailed to:
*Sterling Montessori Academy and Charter School
ATTN: ADMISSIONS
202 Treybrooke Drive
Morrisville, NC 27560*

If applying for multiple birth children (twins, triplets, etc.), please submit separate applications and fees, but please place them in the same envelope.

NOTE: Only checks or money orders are accepted as payment for the non-refundable \$25 application fee. Credit cards, cash, and online payments are not accepted.

Once You Have Submitted Your Application:

- The application will be dated and time stamped.
- You will receive an email confirmation letting you know we have received your application.
- Applications are placed in a waiting pool and selected by considering the following: sibling, staff, or Board priority, previous family enrollment, Montessori experience, and needs of the classroom. When a seat is available, you will be contacted by our Admissions Manager, Wyleen Davis, and given information about setting up a Meet & Greet for your child with our Academy Director, Fay Masterson. **If you have not attended a tour prior to your application being selected, we will request that you sign up to attend one before we schedule a Meet & Greet.**