



Phone: 919-462-8889 / Fax: 919-462-8890 Email: jspreher@sterlingmontessori.org

### PRESCHOOL APPLICATION 2017-2018

**Note:** Make copies of your application before submission. We will not make copies at the Main Office.

**NO FAXED OR E-MAILED APPLICATIONS ACCEPTED.**

#### Applicant's Information:

Legal Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 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): \_\_\_\_\_

**Grade level applying for the 2017-2018 school year. Applicants must be 3 years old by August 31, 2017. Your child is only eligible to start school once they have reached the age of 3. All applicants must be independent on the toilet and must be able to feed themselves.**

\_\_\_\_\_ 3 year old (must be 3 on or before 8/31/17) \_\_\_\_\_ 4 year old (must be 4 on or before 8/31/17)

#### Parents'/Court Appointed Legal Guardians' Information:

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

##### Parent/Guardian #1

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

Relationship to applicant: \_\_\_\_\_

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

City State Zip Code County

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

Home Cell

Email: \_\_\_\_\_

##### Parent/Guardian #2

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

Relationship to applicant: \_\_\_\_\_

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

City State Zip Code County

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

Home Cell

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 2017-18 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 this applicant or their sibling/s have prior experience in a Montessori environment?**

If yes, please describe \_\_\_\_\_

**4) Orientation scheduling preferences. Please indicate all acceptable options. We will do our best to accommodate your preferences, but cannot make any guarantee. We appreciate your understanding:**

Monday	Tuesday	Wednesday	Thursday	Friday
3:45PM	3:45 PM	3:45 PM	3:45 PM	3:45 PM

**CONTACTS:** Please list the names of individuals to whom we may release the child, as authorized by the person who signs this application. The operator, administrator, and staff shall release a child only to an individual/s listed on the application.

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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 and the symptoms and type of response required for allergic reactions. \_\_\_\_\_

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

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List any particular fears or unique behavior characteristics the child has.

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List any chronic illness the individual has and any medication taken for that illness.

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

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**EMERGENCY MEDICAL CARE INFORMATION:** Emergency medical care information must be on file for each individual child. This information must include the name, address, and telephone number of the parent or other person to be contacted in case of an emergency.

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Name	Address	Phone Number
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Name	Address	Phone Number
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Name of health care professional \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I 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 School

### Application(s):

- Submit a non-refundable application fee of \$75.00. CHECK ONLY, please.
- Make checks payable to: SMA. In the memo section of your check include the applicants first and last name and include the statement “Preschool App Fee.”
- Make copies of your application(s) prior to submitting it (them) to us.  
WE WILL NOT MAKE COPIES AT THE MAIN OFFICE.
- Copy of applicant’s Birth Certificate.
- For more information, email, Director of Academy, Josie Spreher at [jspreher@sterlingmontessori.org](mailto:jspreher@sterlingmontessori.org).

### Submitting Your Application(s):

- Applications can be submitted in the Main Office on academic days from 9:00 to 3:00.
- Applications can also be mailed to: (please place in a 9”x12” envelope):

Sterling Montessori Academy and Charter School  
ATTN: ADMISSIONS  
017-18 Academy Application  
202 Treybrooke Drive  
Morrisville, NC 27560

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

### Once You Have Submitted Your Application:

- You will receive an email confirmation letting you know we have received your application and information to sign up for an orientation date.
- After an orientation, your child’s application will go into the waiting pool.
- You will receive an email by the end of April letting you know of your status. The email will state whether your child has been accepted into the academy for the 2017-18 school year or if your child is in a waiting pool due to unavailable seats.
- Applicants that did not receive an offer of enrollment are in a waiting pool, not a waiting list. If and when we have a seat, we will select a student from the waiting pool based on the following criteria: Sibling preference, prior Montessori experience, family previously enrolled in Sterling, date of application, needs of the classroom(s).