



PRESCHOOL APPLICATION 2018-2019

Note: Make copies of your application before submission. We will not make copies at the Main Office.
The Fee is a non-refundable application fee.

NO FAXED OR E-MAILED APPLICATIONS ACCEPTED.

Applicant's Information:

Legal Name: _____

Date of Birth: _____/_____/_____ Last First Middle
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 2018-2019 school year. Your child is only eligible to start school once they have reached the age of 3 and independent in the bathroom. All applicants who are not yet 3 by August 31, 2018 will be in the waiting pool.

_____ 3 year old (must be 3 in order to attend school) _____ 4 year old (must be 4 on or before 8/31/18)

Parents'/Court Appointed Legal Guardians' Information:

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

Parent/Guardian #1 Name: _____ Parent/Guardian #2 Name: _____

Relationship to applicant: _____ Relationship to applicant: _____

Address: _____
Address: _____

City State Zip Code County City State Zip
Code County

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 2018-19 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 _____

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.

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

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

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

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.

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 _____



Application(s):

- Submit **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.
- For more information regarding the Children’s House Program and curriculum, email the Director of Children’s House, Fay Masterson at fmasterson@sterlingmontessori.org.
- For questions regarding the Application Process, email the Admissions Manager, Wyleen Davis at wyleendavis@sterlingmontessori.org.

Submitting Your Application(s):

- Applications can be submitted in the Main Office on academic days from 9:00 to 4:00.
- Applications can also be mailed to: (please place in a 9”x12” envelope):

Sterling Montessori Academy and Charter School
ATTN: ADMISSIONS
018-19 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:

- The application will be dated and time stamped.
- You will receive an email confirmation letting you know we have received your application and information on scheduling a “Meet and Greet”.
- After the “Meet and Greet” we will send an email that states whether your child has been accepted into the academy for the school year at which you have applied or if your child is in a waiting pool due to unavailable seats.
- Sterling Montessori operates by using 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, family previously enrolled in Sterling, a Montessori AMS/AMI Member School, date of application, needs of the classroom(s).