



*“Send forth Thy light and Thy truth; let them lead me, let them bring me to Thy holy hill and to Thy dwelling!”  
-Psalm 43:3*

## APPLICATION FOR ADMISSION TO THE MONTESSORI ATRIUM

**Please Print:** Date: \_\_\_\_\_

Fee: \$100.00 Check # \_\_\_\_\_ Parishioner: Y N

CHILD: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M / F

Mark the program for which you are applying.

Half Day Programs:

Full Day Programs:

\_\_\_\_\_ 3 Day Program MTW, 8:30 am – Noon

\_\_\_\_\_ 3 Day Program MTW, 8:30 am - 3:45 pm

\_\_\_\_\_ 4 Day Program MTWT, 8:30 am – Noon

\_\_\_\_\_ 4 Day Program MTWT, 8:30 am - 3:45 pm

\_\_\_\_\_ 5 Day Program M–F, 8:30 am – Noon

\_\_\_\_\_ 5 Day Program M–F, 8:30 am - 3:45 pm

\_\_\_\_\_ Other: (Please specify): \_\_\_\_\_

PARENTS: \_\_\_\_\_

Mother’s Name

Father’s Name

CHILD LIVES WITH: NAME(S): \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

Street

City, State

Zip

Mother’s Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father’s Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**SIBLINGS:**

Name	Age	Present School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FILLED OUT BY ADMINISTRATION ONLY  
Father or Deacon's Notes

Start Date: \_\_\_\_\_

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

How did you hear about Light of Christ Academy? \_\_\_\_\_

Has your child had any Montessori experience? \_\_\_\_\_

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

***Please describe your child's general health:***

Has your child suffered any serious illness, injury, or hospitalization? \_\_\_\_\_

Does your child have any physical limitations or allergies which would limit his/her participation? \_\_\_\_\_

Is your child currently receiving any medication? \_\_\_\_\_

Please list any other information you believe will help us in understanding your child better.

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

Registration Fee: A non-refundable registration fee of \$100 is due with your application (the fee will be reduced to \$50 for additional students enrolled from the same family during the 2018-2019 school year).

Please write "School Registration Fee" in the memo line on your check. This fee and the registration form may be delivered or mailed to:

**St. Ann Catholic Church**  
**12648 East D. Avenue**  
**Augusta, MI 49012**

**Tuition Payments:** Payments are made in 9 monthly installments.

September tuition is due by August 1st, 2018. Please write "September Tuition" on the memo line.

All other tuition is due on the first day of the month beginning in September (ie: October tuition is due on September 1; November tuition is due on October 1 and so on).

**Health Statement:** We require a recent health evaluation (within the last year) signed by your child's pediatrician on or before the first day of class. Any activity restrictions must be noted on this form.

**Certificate of Immunization:** In accordance with the Michigan Department of Community Health, we are required to have a copy of your child's immunization record before he/she attends preschool.

**Scholarships:** We are committed to providing access to a catholic education for all children. Financial assistance is available. Please contact Deacon Mike Carl at St. Ann Parish Office, 269-731-4721 for more information.

**School Calendar:** Parent education meetings, conferences, holidays, and days we are closed are listed on the attached calendar. Parent orientation for the 2017-18 school year will be determined.

**Questions/Comments:** If you would like to meet to discuss your child or need more information please contact Tracy Mannes, Lead Teacher, at 269-203-6808 or [tracym@stannaugusta.org](mailto:tracym@stannaugusta.org).

Thank you for registering your child at St. Ann Catholic School. May God bless you and your entire family as we work in partnership to nurture children to know, love, and serve, our most blessed Lord!

12648 East D Avenue  
Augusta, Michigan 49012  
269-203-6808 [school@stannaugusta.org](mailto:school@stannaugusta.org)