

Please complete the following pages. When finished, print out the application, sign it and forward it to our office along with the applicable fees.



APPLICATION FOR ADMISSION

Our Mission

is to provide the highest quality Montessori education within a Christian environment that fosters a love for one another through God. In partnership with families, we equip each child to reach their full personal and academic potential.

Established in 1987
Ann Arbor, Michigan

Applicant Information

Applying for school year: _____

Last Name _____ First Name _____ Middle Name _____ Male Female

Preferred Name _____ Date of Birth (m/d/y) _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____ Country of Birth _____ Citizenship _____

Name of Current School Parochial Private Public Independent _____ School District in which applicant resides _____

Head of School/Principal _____ School Phone Number _____

Previous School Name _____ Dates Attended _____ Reason for leaving _____

Previous School Name _____ Dates Attended _____ Reason for leaving _____

Has Applicant applied to Go Like the Wind school before? Yes No If yes, when? _____

Parent/Guardian Information

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Last Name _____ First Name _____ Mr. Mrs. Ms. Dr.

Relationship to Applicant Father Mother Other, please specify: _____ Social Security Number _____

Address Check here if same address as applicant _____ City _____ State _____ Zip _____

Employer Name _____ Business Phone _____ Email Address _____

Profession _____ Position _____ College Attended/Degrees _____

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Last Name _____ First Name _____ Mr. Mrs. Ms. Dr.

Relationship to Applicant Father Mother Other, please specify: _____ Social Security Number _____

Address Check here if same address as applicant _____ City _____ State _____ Zip _____

Employer Name _____ Business Phone _____ Email Address _____

Profession _____ Position _____ College Attended/Degrees _____

Applicant lives with: Both parents Mother Father Other, specify _____

Check if applicable: Parents Married Parents Separated Parents Divorced Single Parent
 Student Adopted Father Remarried Mother Remarried Father is deceased Mother is deceased

If Parents are divorced or separated, who has legal custody of the applicant? _____

To whom correspondence should be sent to: Both Parents Mother Father Other, specify _____

List other children in the family:

Name	Age	School Attending	Grade
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Name	Age	School Attending	Grade
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Name	Age	School Attending	Grade
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Health Information

Are there any serious health concerns or learning disabilities of which we should be aware? If so, Please explain.

Does the applicant have any allergies or need special medications? Please explain.

Has your child ever experienced any of the following Serious Illness Epilepsy Surgery Accidents Hospitalization
 Frequent Colds Asthma Heart/Respiratory Ailments

If yes, please explain: _____

Does your child take daily naps of one-hour or more? Yes No Is your child Potty-trained? Yes No

Does your child have any fears of which we should be aware? _____

Are there any health considerations that would prohibit the applicant from participating fully in school activities including physical education classes or sports activities? Are there any special accommodations required due to physical disabilities?

Has your child ever been asked to leave a child care institution: No Yes. If yes, please explain:

Has your child been tested for: Speech and/or hearing therapy Psychological/Educational Assessment
 Neurological evaluations Visual examinations Learning difference Gifted programs

Your application is regarded as a formal request for consideration of your son or daughter as a potential student at Go Like the Wind School, and as authorization for our office to obtain transcripts and recommendations from previous schools. Go Like The Wind School admits children of any race, color, religion, national, or ethnic origin. It does not discriminate on the basis of race, color, religion, national, or ethnic origin in administration of its educational policies, admissions policies, and scholarships.

To register your child, please send us this application, the Application Fee (non-refundable) and the Registration fee. The Registration fee is refunded only if a child does not come off the waiting list or is not accepted by GLTW. Please attach a copy of your child's Birth Certificate.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Applicant's Name: _____

Program Schedule Please mark the appropriate schedule. See the enclosed fee schedule for rates and times.

Infant: 4-day minimum Birth to 18 months <input type="radio"/> Half Day * <input type="radio"/> Extended Day * <input type="radio"/> Full Day * *Circle the days: M T W Th F - 4-day minimum	Toddler: 4-day minimum 18 to 36 months <input type="radio"/> Half Day * <input type="radio"/> Extended Day * <input type="radio"/> Full Day *	Preprimary: 5 days a week Ages 3 to 6 <input type="radio"/> Half Day <input type="radio"/> Extended Day <input type="radio"/> Kindergarten/Full Day	Elementary: 1 st to 6 th grade Fall Grade _____	Middle School: 7 th to 9 th grade Fall Grade _____
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What are your goals for your child's experience at Go Like the Wind Montessori School?

Why did you choose a Montessori education for your child and what do you expect from it?

What language(s) are spoken in the home? _____

Religion _____ Church/Place of Worship _____

How did you learn about us? Please check all that apply

Newspaper AA Observer Metro Parent Phone Book Other Publication _____

Personal Referral Friend Neighbor Co-worker GLTW Staff Member Other _____

Internet Our website AA Chamber of Commerce Other _____

(Optional): This section is for statistical purposes only. Go Like the Wind School seeks students from all backgrounds.

African American Caucasian Middle Eastern Multiracial _____

Asian American Latino/Hispanic Native American Other _____

Office

Date Received: _____ Application Fee Paid: Yes No Registration Fee Paid: Yes No N/A

Deposit Paid: Yes No N/A Tuition rates/payment plans explained: Yes No

Refund policy explained: Yes No Potty-Trained policy explained: Yes No

Nap policy explained: Yes No Tour given: Yes No

3540 Dixboro Lane
Ann Arbor, MI 48105
734.747.7422 www.golikethewind.com

2011–2012 TUITION SCHEDULE

Effective July 1, 2011

Admission Fees

Application Fee	\$50
Infant and Toddler Registration Fee	One Month Deposit
Preprimary Registration Fee	\$400(credited towards tuition)
Elementary Registration Fee	\$700(credited towards tuition)
Middle School Registration Fee	\$700(credited towards tuition)
1st Sibling / 2nd or more Siblings	10% Discount / 20% Discount

Infant Program

<u>Birth to 18 months</u>	<u>Class Times</u>	<u>Daily Rates</u>
Half Day	7:30 am until 1:00 pm	\$52 per day
Extended Day	7:30 am until 3:00 pm	\$60 per day
Full Day	7:30 am until 6:00 pm	\$66 per day

Toddler Program

<u>18 to 36 months</u>	<u>Class Times</u>	<u>Daily Rates</u>
Half Day	7:30 am until 1:00 pm	\$52 per day
Extended Day	7:30 am until 3:00 pm	\$60 per day
Full Day	7:30 am until 6:00 pm	\$66 per day

Preprimary

<u>Ages 3 to 6</u>	<u>Class Times</u>	<u>Annual Rates</u>
Half Day	8:45 am until 11:30 am	\$7,055
Extended Day	8:45 am until 1:00 pm	\$7,830
Full Day	8:45 am until 3:15 pm	\$10,970

Elementary

<u>Ages 6 to 12</u>	<u>Class Times</u>	<u>Annual Rates</u>
Lower Elementary Grades 1st through 3rd	8:15 am until 3:00 pm	\$10,970
Upper Elementary Grades 4th through 6th	8:15 am until 3:00 pm	\$10,970

Middle School

<u>Ages 12 to 14</u>	<u>Class Times</u>	<u>Annual Rate</u>
7th - 9th Grade	8:15 am until 3:00 pm	\$11,745
Technology Fee		\$100

Payment Options

Payments can be made online through Tuition Express

Infant Program Billed Monthly

Toddler Program Billed Monthly

Preprimary / Elementary / Middle School

Monthly July 2011 through May 2012

Semi-Annual 3% Discount 2 payments July & December

Annual 4.5% Discount 1 payment July

Educare - Before and After School

For Preprimary / Elementary / Middle School only

Before: 7:30 - 8:45 am Afterschool: 3:00 - 6:00 pm

Fees are based on the number of hours your child attended the Educare program during each month.

1 to 15 hours \$7.00 per hour

16 to 40 hours \$6.30 per hour

41 or more hours \$5.70 per hour