

THE MONARCH MONTESSORI SCHOOL

Mailing Address: P.O. Box 609, Churchville, MD 21028

Location: 6 Asbury Road, Churchville, MD 21028

Phone and Fax: (410) 836-9560

Email Address: monarchmontessorischool@verizon.net

web: www.monarchmontessorischool.net

July 2009

Dear Parents and Toddlers:

Thank you for your interest in the Parent/Toddler Program at The Monarch Montessori School. Our Parent-Toddler Classes are designed for one parent and child (between the ages 2 years and 3 years old) to work together in the Montessori classroom for 1 ½ hours. The class schedule includes “work time” and circle time activities as well as snack and outside time if the weather cooperates! Each session includes six classes held on Saturday mornings.

A parent(s)-only orientation meeting is held before the start of each session to familiarize the parents with the classroom and daily schedule. We also review the Montessori philosophy and goals for children in our school. If you have attended a parent/toddler orientation in the past, you need not attend again.

The parent/toddler classes provide parents with an opportunity to experience the Montessori “hands on” approach to learning with their child. The children who attend the Parent/Toddler classes are given priority when registration forms become available for toddler transition classes, spring parent-toddler and for fall preschool enrollment.

You may register for the fall or spring toddler session(s) by mailing a completed application and a check for \$200.00 per session to P.O. Box 609, Churchville, MD 21028. Class size is limited. An application is included. Please indicate on the application whether you are registering for the fall, winter or spring session or all, and also indicate your first and second choice of class times where appropriate.

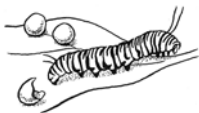
Classes will be offered on the following schedule:

<u>Fall Session</u>	<u>Spring Session</u>
October 17 – December 5*	April 10 – May 15
Time: 9:00 a.m. – 10:30 a.m.	Times: 8:30 a.m. – 10:00 a.m.
(*no class Nov. 7 or 28)	or 10:30 a.m. – 12:00 noon
Parent Orientation: Thurs, Oct. 15	Parent Orientation: Thursday, Apr 8,
7:00 – 8:00 p.m. at school	7:00 – 8:00 p.m.

We hope to have the opportunity to work with you and your child!

Sincerely,

MARY ELLEN KELLY
HEAD OF SCHOOL



PARENT/TODDLER CLASS APPLICATION FORM
6 Asbury Road, P. O. Box 609, Churchville, MD 21028
(Classes meet on Saturday)



Today's date: _____

FALL SESSION _____ **Class time: 9:00 – 10:30 a.m.**
(Begins October 17)

SPRING SESSION _____ **Class times: 8:30 – 10:00 a.m. OR 10:30–12:00** _____
(Begins April 10)

Child's Name: _____ DOB _____ Sex _____

Full Address (include zip code): _____

E-mail Address: (please print clearly) _____

Parent(s) Name: _____ Home Phone: _____
Cell Phone: _____

Mother's Business Name/Address:

Father's Business Name/Address:

Phone: _____

Phone: _____

Previous Group Experience: _____

Names and ages of other adults and children in the
home: _____

Does your child have allergies? _____ take medication? _____

Please explain any restrictions on activities (for example: allergic to apple juice or small
furry pets?) _____

Child's Physician _____ Phone # _____

Date: _____ Signature: _____

Return the application and payment of \$200.00 per session to:
[The Monarch Montessori School, P.O. Box 609, Churchville, MD 21028.](#)