

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ  
Bismillah ir-Rahman ir-Rahim

(In the Name of Allah, the Most Beneficent, the Most Merciful)

Dear Parents,

*Assalamu alaikum* (peace be upon you) and welcome to Montessori School of Excellence (MSE)! MSE recognizes choosing an Islamic School is an important decision and thanks you for your interest in our school. Enclosed is information to introduce you to Montessori School of Excellence (MSE).

MSE is a private school, offering an array of programs for children 3 to 12 years of age. The mission of MSE is to offer quality Montessori education infused with Islamic principles to guide children to develop to their fullest potential physically, emotionally, mentally, socially and spiritually. MSE is dedicated to providing care that is not only intellectually stimulating but also nurturing, within a peaceful environment where children are encouraged to learn, explore and discover. We have highly qualified teachers that are both certified in Montessori education and well-versed in Islamic knowledge. Our deeply committed staffs are passionate about their work in guiding children to develop excellent characters through demonstrating kindness, patience, empathy and love for learning.

As the education of your child is an important personal decision, we invite you to contact us at 214.491.6090 to learn more about our programs and our school from our dedicated staff. We will be happy to welcome you, and familiarize you with the Montessori Method of education.

We look forward to your family joining our school.

Sincerely,

Montessori School of Excellence Staff

### **Annual Tuition**

- Primary (3-4 years) A.M. Half Day Online Program<sup>†</sup> (8:30am – 1:15 pm) **\$4800/year**
- Elementary (6-12 years) Online Program (8:30am – 3:40 pm) **\$6750/year**

All listed program costs are for the academic year and are conducted on a 5 day per week schedule unless otherwise noted.

<sup>†</sup> Children must be toilet-trained, able to follow simple directions and exhibit manageable behavior.

### **Activity Fee**

- Primary - \$50 / Elementary - \$75
- After January 1: Primary - \$35 / Elementary - \$47.50

### **New Students Registration Fee**

There is a registration fee of \$200. This fee is non-refundable and non-transferable and is payable at time of application.

### **Deposit Payment**

A deposit of 10% of total program tuition is due no later than August 1<sup>st</sup> to Montessori School of Excellence and is applied towards the child's academic year tuition.

### **Refund Policy**

The registration fee and the deposit are *non-refundable and non-transferable*. If a child is withdrawn by the parent for any reason, NO refund of deposit or fees will be given. Enrollment at Montessori School of Excellence is considered to be a commitment for the entire school year. Staffing levels are set, and other cost commitments are made based on planned annual enrollment levels. In the event that a parent chooses to withdraw his/her child from Montessori School of Excellence, one month's notice must be given in writing. Parents will be responsible for fees and tuition for only the days between the beginning of the enrollment and the last day of attendance.

### **Payment Schedule**

The following options are available:

- One Payment Plan: August 1 or on the first day of school
- Two Installments Plan: August 1 and January 1
- Ten Month Installments Plan: Monthly from August 1 through May 1

Payments are due the first of each month according to the selected payment plan. No invoices will be provided except when past due. Parents may pay by check, money order, Zelle or Chase Quickpay to [info@montessorioxcellence.com](mailto:info@montessorioxcellence.com), or direct transfers to the MSE account.

### **Tuition Discounts**

Montessori School of Excellence offers two options for discounts on tuition (does not include discount on fees):

- Early Payment – 2% discount offered on tuitions paid in full by check prior to August 1 or no later than the first day of school.
- Sibling Discount – 10% sibling discount (tuition only) for each additional sibling enrolled in the school on the lesser tuition, provided the parents pay tuition for the other child or children as well.

### **Late Payment of Tuition**

Timely payment of tuition is important. Tuition not paid by the 5th of the month results in a \$50 late fee. If tuition is not paid by the 10th of the month, we ask that you meet with us to discuss the situation. If there are extenuating circumstances, we will work with you to make arrangements for a payment plan. While Montessori School of Excellence believes in working with families to resolve payment issues, we reserve the right to terminate enrollment if tuition and fee payments are over 15 days past due, until payment arrangements are made with the Administration.

### **Returned Check Charge**

There is a \$30 charge for all returned checks. After two returned checks, payment must be made in cash, until further notice from the Administration.

# MSE Enrollment Application

**Please select your program:**

- Primary (3-5 years) AM Half Day Online Program (8:30-1:15pm)
- Elementary (6-12 years) Online Program (8:30am-3:40pm)

Please return this completed application form with the non-refundable and non-transferable registration fee.

**Child's Name** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Gender: Male / Female \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Language Spoken: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ (Other) \_\_\_\_\_

How did you learn about Montessori School of Excellence? \_\_\_\_\_

Name and Address of previous school attended \_\_\_\_\_

Last grade completed \_\_\_\_\_ Permission to contact previous school \_\_\_\_\_  
Signature \_\_\_\_\_

Has your child attended other schools? Yes / No Which? \_\_\_\_\_

**Father/Guardian's Name** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Business/Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Email Address \_\_\_\_\_ Make/Model/Color of car \_\_\_\_\_

**Mother/Guardian's Name** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Business/Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Email Address \_\_\_\_\_ Make/Model/Color of car \_\_\_\_\_

**Sibling Information**  
Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current School \_\_\_\_\_ Grade/Program \_\_\_\_\_

Full Name	Date of Birth	Current School	Grade/Program
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To complete the registration process, the following forms along with applicable fees (per Tuition & Fees document) need to be submitted for **each child**:

- Enrollment Application
- Health & Wellness Questionnaire
- Emergency & Release Form
- Physical and Immunization Form (with TB test)
- Birth Certificate Copy
- Evaluation Form (new KG –middle school students)
- Letters of Recommendation (middle school)
- Prior School Records
- Past Referrals for disciplinary action, counseling, suspension, or expulsion

**Non-Discrimination Statement** Montessori School of Excellence does not discriminate on the basis of race, color, national origin, sex, disability, religion, or child's parents' marital status in its admissions policy or educational programs.

## Enrollment Agreement

- Priority is given to currently enrolled students, their siblings and staff children. Children who are transferring from another Montessori school and children of alumni families may also be given priority. All new students are accepted on a thirty-day trial basis.
- The Montessori Method of education is based on a three-year cycle, and Montessori educators develop an individualized learning program for each child that encompasses the three-year developmental plane. In light of this, parents are asked to seriously consider making a three-year commitment to the school in the best interest of their child's education, so the child may experience the full benefit from the Montessori program.
- The Montessori Method requires the school and the teacher to give extensive time to the preparation of the learning environment before, during, and after the classroom program. It is the many hours of preparation that enables us to continue to present a quality educational program.
- I understand that students are admitted for the full academic year and that my agreement to pay for the full academic year is not tied in any way to the number of days of school in any given month, nor is it reduced or adjusted for illness, absence, weather, vacations, holidays or dismissal.
- A registration fee of \$200 is due at time of application and an activity fee is due on August 1<sup>st</sup>. After admission, a deposit of ten percent (10%) of the child's annual tuition is due no later than August 1<sup>st</sup> which will be applied towards the academic year's tuition amount. The registration fee and the deposit are *non-refundable and non-transferable* to others including siblings, nor to other programs or financial obligations to Montessori School of Excellence.
- The yearly Tuition may be paid on August 1 in full with a 2% discount. MSE also offers two, and ten-month installment plans for your convenience (see Student Tuition Policies). Tuition installments are due on the first of each month starting in August, until the entire tuition is paid in full by the first day of May. Tuition not paid by the 5th of the month results in a \$50 late fee. Checks returned for insufficient funds will incur an additional \$30.00 per check fee, plus any late fee charges. After two returned checks, payment must be made in cash, until further notice from the Administration. After tuition and fee payments are over 15 days past due, your child is automatically dis-enrolled from the school and will not be able to attend class until payment arrangements are made with the Administration.
- I understand I have the privilege of canceling this contract provided I give **written notice** to the school **30 days prior to the withdrawal date** and I will forego the non-refundable registration fee but will not be responsible for tuition for the balance of the year.
- I agree to pay a late fee of \$15 for each 15-minute interval (or any part thereof) that my child is at school beyond his/her contract drop off/pick up time.
- In keeping with the spirit of Montessori Education which emphasizes the importance of parent participation in the education of the child, I agree to attend parent orientation, parent workshops, family nights, and parent/teacher conferences; be supportive of the school-child-parent relationship; and complete a minimum of 20 service hours to the school per year per family or if unable to donate my time, I will pay a monetary fee of \$200.
- I agree to supply a nutritionally balanced lunch for my child each day and a snack consistent with my child's classroom snack schedule.
- I hereby grant authorization to Montessori School of Excellence: (place your initials for consent next to each of the following)
  - To photograph and/or film my child by school personnel for Montessori School of Excellence's usage such as on the school brochure, school website, school press release, school Facebook page, school newsletter, school yearbook or bulletin board.
  - To photograph and/or film my child by an outside media source such as local and national journalists and photographers for education purposes.
  - To transport my child to and from the school to the child's place of residence or to organized field trips.
  - To have my family email address and phone number in the classroom / school directory.
  - To allow my child to fully participate in all aspects of MSE curriculum, including prayer, animal care, and usage of 'sharp' objects (ex. scissors).
  - To allow my child to partake in water activities: sprinkler play, splashing/wading pools, swimming pools and water table play.
  - To allow my child to participate in the Physical Education (P.E./Gym/Recess) program implemented at the school as well as to play on public or private playground equipment. I understand that Montessori School of Excellence, its employees or volunteers will not be held liable for injuries caused or sustained by a child's failure to follow the teacher or supervisor's instructions, misuse of the equipment and/or lack of adherence to the playground rules.
- In the event of an accident or sudden illness, I authorize MSE to provide any necessary emergency care for the above-named child by Montessori School of Excellence personnel or any agent acting on its behalf, and I assume any such financial responsibility for the emergency treatment.
- Montessori School of Excellence reserves the right, at any time, to suspend, require withdrawal or dis-enroll a child if it determines, in its sole discretion, that the child does not fit in with the school program for any reason and that continued attendance is not in the best interest of the child, any fellow students, or the school. When tuition and fee payments are over 15 days past due, the child is also automatically dis-enrolled from the school and will not be allowed to attend until payment arrangements are made with the Administration.
- If Montessori School of Excellence initiates collection efforts to enforce the terms and/or provisions of this agreement or amounts due pursuant hereto, Montessori School of Excellence shall be entitled to all reasonable costs and attorney's fees associated therewith.
- The Administration of Montessori School of Excellence does recognize the fact that extraordinary circumstances can exist, and may, at their discretion, waive any of the provisions of the above paragraphs.
- In consideration for acceptance of my child as a student at Montessori School of Excellence, a division of the Eagle Institute, the parents/guardians hereby release and agree to indemnify and hold harmless Montessori School of Excellence and Eagle Institute, its directors, employees and volunteers, against any liability, damages, costs, expenses, claims, demands, actions or causes of action made by or on behalf of my child of any nature arising out of or incurred in connection with or in the course of my child's participation in on-premises or off-premises programs and/or activities of Montessori School of Excellence including but not limited to exercises, use of Montessori School of Excellence materials, nature walks, field trips or playground activities.

I, the undersigned, in consideration of the placement of my child at Montessori School of Excellence fully understand and agree to the terms and conditions specified in this agreement and the Parent Handbook, including the payment of applicable tuition and fees (per Tuition & Fees document). Please note a child is not enrolled and this agreement is not binding until signed and accepted by Montessori School of Excellence.

\_\_\_\_\_  
Father/Guardian Signature Printed Name Date

\_\_\_\_\_  
Mother/Guardian Signature Printed Name Date

\_\_\_\_\_  
Program Name Hours (From-To) \$200.00 Registration Fee Payment Plan: 1 Payment / 2 Payment / 10 Payment (circle one)

\_\_\_\_\_  
Montessori School of Excellence Head of School Signature Date

### School Office Use Only:

_____ Date of First Interview	_____ Date Application Received	_____ Registration Payment	_____ Teacher and Classroom	_____ Days/Hours
_____ Received Parent Handbook	_____ Date of Enrollment	_____ Annual Tuition	_____ Advance Tuition Payment	_____ Check #
				_____ Date of Dis-Enrollment

# Application for Admission

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Student Name \_\_\_\_\_ applying to grade \_\_\_\_\_

## General Information

General Health of Student

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Physical Limitations \_\_\_\_\_

Has your student ever been double promoted? No \_\_\_ Yes \_\_\_ What grade? \_\_\_\_\_

Has your student ever repeated a grade? No \_\_\_ Yes \_\_\_ What grade? \_\_\_\_\_

Has your student been in advanced classes? No \_\_\_ Yes \_\_\_ What grades & curriculum? \_\_\_\_\_

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Does your student have any academic challenges? No \_\_\_ Yes \_\_\_ What areas?

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Has additional special testing or tutoring been indicated at any point in school? No \_\_\_ Yes \_\_\_ What grade? \_\_\_\_\_

What areas? \_\_\_\_\_

Does your student have any clinically diagnosed learning differences? No \_\_\_ Yes \_\_\_ If yes, please provide a copy of the latest evaluation.

What diagnosis and when diagnosed? \_\_\_\_\_

Has your student ever been dismissed from school for any reason? No \_\_\_ Yes \_\_\_ If yes, please explain, and include the name of the school and principal.

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Has your student ever had any psychological counseling? No \_\_\_ Yes \_\_\_ If yes, please explain on a separate sheet of paper, which will NOT become part of the student's permanent record.

Please use the space below for any other pertinent information about the student or family situation (optional)

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Student Name \_\_\_\_\_ applying to grade \_\_\_\_\_

**Parent/Guardian:** A complete application for admission to MSE Elementary program must include both (1) a copy of any prior school records (including most recent progress report and any other records of academic progress) and (2) an Evaluation Form completed by your child’s current or most recent teacher. Please give this Evaluation Form to your child’s current teacher with a stamped envelope addressed to Montessori School of Excellence Administration. A complete application for admission to MSE Middle School program must include both (1) and (2) as well as two letters of recommendation from the elementary school that was attended and a student interview.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Current Teacher:** My child has applied for admission to Montessori School of Excellence, which requires completion of the following form by current teacher or most recent teacher as a part of new Kindergarten and Elementary student applications. Please complete and send the form to Montessori School of Excellence in the enclosed envelope, and provide any other information which they may request.

Teacher completing form \_\_\_\_\_ Email address \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

1. In which grade(s) and course(s) have you taught the applicant?

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2. What are the first few words that come to mind to describe the applicant?

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3. Please comment on the applicant’s reading, writing, and math skills.

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4. Please comment on the applicant’s academic strengths and weaknesses.

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5. Please comment on your observations relative to this applicant's learning style.

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6. Has the applicant demonstrated learning or behavioral difficulties?

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ACADEMIC QUALITIES	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Study Habits				
Ability to Stay on Task				
Self-Motivation				
Ability to Work Independently				
Ability to Work Cooperatively				

PERSONAL QUALITIES	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Leadership				
Peer Relationships				
Concern for Others				
Self-Confidence				
Integrity				

Please mention any additional information that you think might help our school make an informed decision.

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Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach additional sheets if needed. All information will remain confidential.

*We appreciate your candid assessment.*

# Health & Wellness Questionnaire

All students entering school for the first time, and all fifth grade students, are required to present evidence of a physical examination and a record of immunizations before starting school. All other students transferring into the school are required to request their most recent health and immunizations records from their previous school. All students entering Montessori School of Excellence must comply with the immunization and health regulations of the State of Texas. *Please note that information on this form is NOT used to exclude any child, rather to gain a more complete understanding of the child's needs and to assess our ability to meet them.*

**Child's Full Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Male / Female**

## General Development:

Date of Last Check-up: \_\_\_\_\_ Is your child's immunization record current? Yes / No

Is your child on regular medication? Yes / No If yes, what? \_\_\_\_\_

What is the medicine for and how often must it be taken? \_\_\_\_\_

Check any health conditions which apply (this information is to be updated annually).

- Allergies If yes, to what and what is the reaction? \_\_\_\_\_  
 Asthma  Heart Condition  Insect sting reaction  Hearing impairment  Epilepsy/seizures  Vision impairment  Diabetes  
 Mobility impairment  Stomach or bladder problems  Takes daily prescribed medicine for chronic illness or condition  
 Other pertinent health information the school should know: (please use separate paper if needed) \_\_\_\_\_

Is there any significant medical history we should be aware of and/or have any diagnostic evaluations (medical, physical, psychological or educational) ever been completed for this child? Please provide details: \_\_\_\_\_

Were early childhood developmental milestones reached within age appropriate guidelines? \_\_\_\_\_

If not, were interventions necessary (please describe)? \_\_\_\_\_

Does child have any hobbies, special interests, specialized areas of development, etc.? \_\_\_\_\_

*\*\*Please note permission to have copies of testing or evaluations may be requested as part of admissions process.*

\*PRIMARY APPLICANTS ONLY: Is child potty trained? If so, when? \_\_\_\_\_

Does child take a nap? \_\_\_\_\_ Time \_\_\_\_\_ Length \_\_\_\_\_

## School Environment:

Does your child have any previous Montessori experience? Why have you chosen Montessori? \_\_\_\_\_

Please provide reasons for leaving your child's current educational or group environment. \_\_\_\_\_

Please tell us of any special concerns you may have for your child, and in what specific areas? \_\_\_\_\_

Has your children ever needed an educational evaluation that required remedial intervention or an Individualized Education Plan (IEP)? (Please explain) \_\_\_\_\_

**Parent/Guardian Signature**

**Parent/Guardian Name**

**Date**



# Physical & Immunization Form

HEALTH REQUIREMENTS					
Name of Child: _____				Date of Birth: _____	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____		
Signature or stamp of a physician or public health personnel verifying immunization information above. _____ Signature _____ Date _____					
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine. _____ Parent's signature _____ Date _____					
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years. For additional information regarding immunizations contact the Department of State Health Services at <a href="http://www.dshs.state.tx.us/immunize/school_info.htm">http://www.dshs.state.tx.us/immunize/school_info.htm</a>					

**ADMISSION REQUIREMENT:** One of the following must be presented when your child is admitted to the school or within one week of admission. Please check only one option:

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.  
\_\_\_\_\_  
Health Care Professional's Signature \_\_\_\_\_ Date \_\_\_\_\_
- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
- My child has been examined within the past year by a health care professional and is able to participate in the school program. I will obtain a health care professional's signed statement and will submit it to the school.

Name and address of health care professional:  
\_\_\_\_\_  
Signature - Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

*Emergency & Release Form*

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Male / Female**

*Please give contact information of local individuals who have permission to be contacted in case of emergency (if parent/guardian cannot be reached):*

1. Name \_\_\_\_\_

Relation to child \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Relation to child \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Relation to child \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's Pediatrician \_\_\_\_\_

Office Address \_\_\_\_\_

City/ State/ Zip Code \_\_\_\_\_

*Please give contact information of local individuals authorized to receive the child (over 18 years of age, other than parent/guardian):*

1. Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Phone \_\_\_\_\_ Make/Model/Color of car \_\_\_\_\_

2. Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Phone \_\_\_\_\_ Make/Model/Color of car \_\_\_\_\_

In the event of a medical emergency, the parents/guardians of the enrolled child named above hereby authorize treatment of the child, in the absence and without notice to the parents/guardians, by trained medical professionals. In the absence of and/or until such trained medical professional assistance has arrived, the parents/guardians authorize the personnel of Montessori School of Excellence to render such first aid as it deems prudent, including but not limited to calling 911 for transport to a hospital emergency room and/or to contact my child's pediatrician. Montessori School of Excellence will endeavor to make whatever effort reasonable, under the circumstances, to notify the parents/guardians or emergency contact persons, of such a medical emergency. The parents/guardians agree to pay for the cost of any medical treatment incurred in connection with such medical emergency.

I have completed this form and confirm and declare with my own free will that all the information set out in this document is true and accurate.

Father/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Child(ren)'s Name \_\_\_\_\_

We need you! Montessori School of Excellence is a non-profit school with a strong emphasis on community. A collaborative effort that involves parents and staff is imperative to the success of the school and its efforts to maintain an affordable tuition. Active participation is an ideal way to get to know other families, assist in your child's development and promote the school. In keeping with the spirit of Montessori education which emphasizes the importance of parent participation in education of the child, parents are required to volunteer a minimum of ten (10) hours during the school year, or give the equivalent payment of \$200 due at the time of acceptance or re-enrollment. Opportunities for work are within this Volunteer Form given at the beginning of the school year so parents can accommodate their volunteer hours as conveniently as possible. Volunteer hours may be fulfilled by any member of the family, or by friends who wish to help on your behalf. Parents keep track of hours in the volunteer binder located in the Office.

**Parents:** Please check in which capacity you can volunteer from the list below.

**I can volunteer:** \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Occasionally \_\_\_ Call me

### Classroom Opportunities

- Room Parent** - Experience the joys of being a vital part of the Montessori classroom!
- Upper Elementary Internship** - Host a 6th grade student at your place of business and inspire a young student to love what you do!

### MSE Board Sub-Committees

Indicate your interest in supporting the strategic work of the school by participating in one of our Board sub-committees.

- Marketing Committee**  **Fundraising Committee**  **Facilities Committee**

### Office Duties

- Volunteers Coordinator** – Can you organize? Help us contact parents and organize our volunteer base.
- Filing** - Assist the administrative staff with basic filing.
- Mailings** - We need your “stuffing” expertise! Assist the administrative staff with all-school mailings.
- Front desk substitutes** - Be a part of our administrative staff for a day! Greet visitors and answer phones.

### At Home Activities

- Sewing Projects** - Calling all levels of sewing expertise! Complete sewing projects at home for use in the classroom.
- Woodworking Projects** - Are you handy with a hammer and nails? Complete woodworking projects at home for use in the classroom.
- Catalog Library Books** - Love to promote the growth of our library? Prepare library books for use in classroom libraries.
- Material Maker** - Complete simple tracing, cutting, pasting, and copying! No experience required.
- Laundry** - Can you throw in just one more load? Wash a load of classroom laundry once a week.

### Communication Activities

- Publications** - We'd love your input for fun story ideas!
- School Photographer** - Help to document activities at the school to be used online and offline.

15.  **School Videographer** - Help to document activities at the school on film to be used online and otherwise.

**All-School/Fundraising Events**

16.  **Fall Family Picnic** - Join in on the fun of planning our annual fall picnic!
17.  **End of the Year Picnic** - Here's a chance to honor our graduates! Join us to help with the set-up and clean-up of this lovely event!

**Miscellaneous**

18.  **Facilities Maintenance** - Are you handy around the house or outside? Share your handyman talents with MSE by helping with the general maintenance of our facilities.
19.  **Special Talent** - Do you have a special talent that you could share with your child's classmates? Please let us know if you would like to share something special about your career, a hobby, or a talent in music or art. Please tell us your talent:
-