

# Acorn to Oak

A Montessori Education  
You Can Bring Home



West Side Montessori Center

2105 N. McCord Rd.  
Toledo, OH 43615  
419.866.1931

The Acorn to Oak class is an eight-week program designed for young children who are not enrolled in a Montessori program and who are 13 months (must be walking) through 3 years. A parent, grandparent, or caregiver is welcome to participate in the class, but we request that only one adult attend per class.

This class provides an opportunity for a child and an adult to work together in a Montessori classroom in a small group setting. A teacher introduces the adult to the Montessori philosophy, materials, and techniques to aid in working with the child at home.

In addition to the developmentally-appropriate Montessori work, grace and courtesy are modeled during snack time. Class may also include a group circle time with music and movement.

If you have questions, please contact Anne Spenny, Admission Director, at the McCord Campus, 419.866.1931. To enroll, please send the registration slip with payment of \$96 to West Side Montessori Center, 2105 N. McCord Road, Toledo, OH 43615.

## 2010-2011 Acorn to Oak Schedule

Fall Session	Winter Session	Spring Session
<b>I. 13 - 24 months</b>	<b>I. 13 – 24 months</b>	<b>I. 13 – 24 months</b>
<b>Mondays</b> 9-10:30 am <b>September 13 - November 1</b>  Cost: \$96	<b>Mondays</b> 9-10:30 am <b>January 10 – March 21</b> <i>No class January 17 &amp; February 21</i> Cost: \$96	<b>Mondays</b> 9-10:30 am <b>March 28 – June 6</b> <i>No class April 18 &amp; 25 &amp; May 30</i> Cost: \$96
<b>II. 25 months - 3 years</b>	<b>II. 25 months – 3 years</b>	<b>II. 25 months – 3 years</b>
<b>Tuesdays</b> 9-10:30 am <b>September 14 – November 2</b>  Cost: \$96	<b>Tuesdays</b> 9-10:30 am <b>January 11 – March 1</b>  Cost: \$96	<b>Tuesdays</b> 9-10:30 am <b>March 29 – May 24</b> <i>No class April 19</i> Cost: \$96

Please return bottom portion with check payable to West Side Montessori Center.

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### Acorn to Oak Class

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parents' Names: \* \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Session: Fall I. Fall II. Winter I. Winter II. Spring I. Spring II. (circle session chosen)

Does your child have any allergies? (If so, please list.) \_\_\_\_\_

*\*If an adult other than a parent plans to accompany the child, please include contact info below.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_