

APPLICATION FOR ADMISSION TO MY OWN MONTESSORI SCHOOL

SCHOOL YEAR: 20____ to 20____

Please accompany this application with a \$50.00 non-refundable filing fee.

Child's Name: _____
(Please print)

M ____ F ____ Other _____ Birth date: _____
(MM/DD/YYYY)

Address: _____

City: _____ ZIP: _____

Home Phone: _____ Work/Cell Phone: _____

Parents' Names: _____

E-mail: _____

My child will come to school from:

All Ages:

_____ 8:00am-8:45am: Before-school care.

Ages 2 - 3 years:

_____ 8:45am-12:45pm for _____ 2 Days _____ 3 Days _____ 5 Days
_____ 8:45am-2:45pm for _____ 2 Days _____ 3 Days _____ 5 Days

Ages 3 - 4 years — Preschool and extended day:

_____ 8:45am-12:45pm
_____ 8:45am-2:45pm

Ages 4 years and up — Preschool and afternoon Pre-K, Transition, Kindergarten:

_____ 8:45am-2:45pm

Questions to be answered by parents:

1. What are your impressions of the Montessori philosophy and how do you think your child will benefit?
2. What are your expectations for your child's development?
3. What special things would you like us to know about your child?

It is understood that the first month of a child's enrollment in the school is on a trial basis. At the end of the month, either the parent or school may terminate a child's enrollment without notice. After the trial period, a one month's written notice is required to terminate enrollment, as stated in the parent handbook.

Parents' Signatures: _____

Date: _____

How did you hear about us? _____