

**CHILDREN'S MONTESSORI SCHOOL
APPLICATION FORM**

Thank you for your interest in Children's Montessori School. As a part of the Admissions Procedure, please fill out the Application form below and return it to the Admissions office with a \$50.00 non-refundable fee.

***This form should only be filled out and turned in after you have toured the school and your child has completed their one hour visit with the teacher.**

****Please note that the application form does not guarantee placement in the school.**

DATE APPLIED	<input type="text"/>
CHILD'S NAME	<input type="text"/>
D.O.B	<input type="text"/>
AGE	<input type="text"/>
SEX: MALE/FEMALE	<input type="text"/>
HOME ADDRESS	<input type="text"/>
	<input type="text"/>
CITY	<input type="text"/>
STATE	<input type="text"/>
PHONE NUMBER	<input type="text"/>

NAME OF PARENT OR GUARDIAN (1)	<input type="text"/>
NAME OF PARENT OR GUARDIAN (2)	<input type="text"/>

PROGRAM DESIRED:

- | | |
|----------------------|--------------|
| Morning: | 8:00 – 12:00 |
| School Day: | 8:00- 2:30 |
| VPK "Extended Day" | 8:30 – 2:30 |
| VPK | 11:30-2:30 |
| Afterschool Program: | 2:30 – 5:00 |

Days of Attendance Desired:

Mon. – Fri. _____ Mon./Weds./Fri. (2 and 3 year olds only) _____ Tues./Thurs.(2 year olds only) _____

Please answer the following questions:

1. How well does your child separate from you?

2. What does your child like to do best?

3. How would you describe your child's personality? Please circle all that apply.

Outgoing Shy Flexible Quiet Talkative Calm Active Other _____

4. How do you manage unacceptable behavior (hitting, biting)?

5. How does your child react to stress or change of routine?

6. What helps calm your child down when he/she is upset?

7. Does your child have any food restrictions or allergies? Please list.

8. Do you have concerns about your child's development?

9. Additional Comments:

Parent Signature _____ Date: _____