



Clarksburg Little Steps Montessori

APPLICATION FOR ADMISSION

September 2022 to June 2023

“Free the child's potential, and you will transform him into the world” - Dr. Maria Montessori

Please use UPPERCASE letters

Child's Name Last _____ First _____ Middle _____

Male ___ Female ___ Date of Birth _____ Child's Current Age _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email _____

Name of Father _____

Place of Employment/Address _____

Occupation _____ Business Phone _____

E-mail _____ Cell Phone _____

Name of Mother _____

Place of Employment/ Address _____

Occupation _____ Business Phone _____

E-mail _____ Cell Phone _____

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Separated ___

Legal Custodian of Child _____

Names and ages of siblings: _____

Child's previous school and experience: _____

Toilet Trained? Yes ___ No ___ In Training ___

Indicate any allergies, medical concerns, special needs or other conditions affecting your child:

What are your expectations?

Please return the completed Application Form with Application Fee. This fee is non-refundable
___ \$50 Non-refundable Application Fee

School Start Date _____

Please select from the following:

- ___ Full Day (9:00am - 3:00pm)
- ___ Morning Half Day (9:00am - 12:00pm)
- ___ Afternoon Half Day (12:00pm – 3:00pm)
- ___ Morning Care (8:30am – 9:00am)
- ___ Afternoon Care (3:00pm – 4:00pm)

How did you hear about us?

- ___ Web Search
- ___ Display Board
- ___ Friend
- ___ Facebook
- ___ Other _____

Days: ___5 days/week OR ___Mon ___Tues ___Wed ___Thu ___Fri

We request the parents if they are willing to share additional information about their child so our program can be adjusted in meeting your child needs. Optional documentation, if applicable, may include All About My Child form, Individual Family Service Plans (IFSPs) or Individualized Education Programs (IEPs).

Parent/Guardian Signature Date

