



# Clarksville Little Steps Montessori

## APPLICATION FOR ADMISSION

“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

Please select from the following:	How did you hear about us?
___ Full Day (9:00am - 3:00pm)	___ Web Search
___ Morning Half Day (9:00am - 12:00pm)	___ Display Board
___ Afternoon Half Day (12:00pm - 3:00pm)	___ Friend
___ Morning Care (8:30am - 9:00am)	___ Facebook
___ Afternoon Care (3:00pm - 4:00pm)	___ Other _____

Days: \_\_\_ 5 days/week OR \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri  
School Start Date \_\_\_\_\_

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