



# APPLICATION FOR ADMISSION

Today's Date \_\_\_\_\_

Applying for year 20\_\_\_\_/20\_\_\_\_

Please check program(s) applying to:

- Morning Primary Program (2 1/2 to 4 year olds) 8:45 am – 12:00 pm
- Full Day Primary Program (2 1/2 to 4 year olds) 8:45 am – 3:00 pm
- Pre-Kindergarten Program (4 year olds with Director's permission) 8:45 am – 3:00 pm
- Kindergarten Program (5 years old by September 1st) 8:45 am – 3:00 pm

## CHILD INFORMATION

\_\_\_\_\_  
Full Name (First, Middle, Last)

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Commonly Used First Name (if different)

\_\_\_\_\_  
Previously attended school?  Yes  No

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current Age

\_\_\_\_\_  
Name of Previous School (if applicable)

Gender:  Male  Female

\_\_\_\_\_  
Primary Language Spoken in the Home

## FAMILY INFORMATION

\_\_\_\_\_  
Parent/Guardian Full Name

\_\_\_\_\_  
Parent/Guardian Full Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address (if different)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

Are there other children in residence?

\_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

Family status:

Single Married Divorced Separated

Child lives with:  Father  Mother  Both

**GENERAL HEALTH INFORMATION**

Is your child under the care of a doctor other than a pediatrician?

\_\_\_\_\_  
(Details)

Does your child have any physical/mental disabilities that require special attention?

\_\_\_\_\_  
(Details)

Does your child have any allergies?  Yes  No

\_\_\_\_\_  
(Details)

Does your child have any health issue you think is important to tell us about, and has not been previously mentioned, e.g. speech therapy?

\_\_\_\_\_

\_\_\_\_\_

Does your child feed him/herself?  Yes  No

Does your child dress him/herself?  Yes  No

Is your child fully toilet trained\*\*?  Yes  No  
**\*\*Bathroom independence is required before the first day of school.**

\_\_\_\_\_  
Age learned to talk?      \_\_\_\_\_  
Age learned to walk?

How did you learn about Crestview Montessori School?

\_\_\_\_\_

Please explain your interest in a Montessori school environment for your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent /Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/ Guardian Name

\_\_\_\_\_  
Signature

**PLEASE NOTE**

1. A \$50.00 non-refundable Application Fee must accompany this application.
2. If accepted, a \$1000 non-refundable deposit is required to hold a place for your child. This fee is applicable towards tuition.

Photo of your child (optional)

**OFFICE USE ONLY**

Application Rec'd \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Check# \_\_\_\_\_

Contract Sent \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Contract Rec'd \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Check# \_\_\_\_\_