

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
- Half-Day Primary Program (2 1/2 to 4 year olds) 8:45 am – 1:00 pm (includes lunch hour)
- 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
- *After-School Care Program 3:00pm-6:00pm
***(to be offered with a minimum enrollment of four children)**

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

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

(Details)

Does your child feed him/herself? Yes No

Does your child dress him/herself? Yes No

Does your child have any allergies? Yes No

(Details)

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:

If your child has an IFSP/IEP please share a copy with us. This will help us address any individual needs your child may have.

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# _____