

# Admissions Process

**Thank you for your interest in the Enfield Montessori School.**

(Although not required, we do suggest that you tour the school prior to submitting an application.)

Our admissions process is simple:

1. Schedule an optional tour with our office.
2. Submit a completed application (attached below) with the application fee.

Acceptance is primarily based on space availability and the date your child's application is received. Children are not tested or interviewed. If you have any other questions, please call our office at (860)745-5847.

If your child is older than 5 years of age, please call the school at (860)745-5847 prior to submitting an application to check for space availability and enrollment requirements.

For additional information about enrollment please visit our [Admissions Page](#). Our application follows below.

**Enfield Montessori School**

1325 Enfield Street  
Enfield, CT. 06082-5524  
**Phone: (860) 745-5847**  
FAX: (860) 745-2010  
Email: montessorischool@cox.net



**Application** (Please check one  Toddler (partial day),  Toddler (full day),  Primary,  Elementary)

**Student Information**

Child's Name: \_\_\_\_\_  M /  F

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Mailing Address: (if other than above): \_\_\_\_\_

Present School: \_\_\_\_\_ Present Grade: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Parents Information**

Student lives with:  Both Parents  Parent/Guardian 1  Parent/Guardian 2

**Parent/Guardian 1** (M/F)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: (if different than student)

Occupation \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address \_\_\_\_\_

**Parent/Guardian 2** (M/F)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: (if different than student)

Occupation \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address \_\_\_\_\_

**Continuation: Application for Enrollment**

How did you hear about EMS? \_\_\_\_\_

Do you know anyone who attends/attended EMS? \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Did either parent (or guardian) of applicant attend EMS? \_\_\_\_\_

Name at time of attendance: \_\_\_\_\_

Attendance dates: \_\_\_\_\_

Does your child have previous Montessori experience? \_\_\_\_\_

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

Attendance dates: \_\_\_\_\_

What do you hope a Montessori education will do for your child?

---

---

---

---

---

Describe briefly the background of your interest in our Montessori program:

---

---

---

---

---

Child's Playmates: Number: \_\_\_\_\_ Ages: \_\_\_\_\_

Special experiences (trips etc.) or interests (bugs, plants, rhythm, arts/crafts):

---

---

---

Characteristic Behavior (*check all that apply*):

- |                                   |                                    |                                   |                                      |                                  |
|-----------------------------------|------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> shy      | <input type="checkbox"/> calm      | <input type="checkbox"/> cheerful | <input type="checkbox"/> aggressive  | <input type="checkbox"/> whining |
| <input type="checkbox"/> friendly | <input type="checkbox"/> excitable | <input type="checkbox"/> fearful  | <input type="checkbox"/> cooperative |                                  |

Any fears? (history and manifestations): \_\_\_\_\_

---

---

Types of home discipline most frequently used: \_\_\_\_\_

---

---



