

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: _____



