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 (parti	ial day), Toddler (full day),	Primary, Elementary)
	Studer	nt Information	
Child's Name:			□ M / □ F
Street:	Town:	State: _	Zip:
Home Telephone:	Ног	me Email:	
Mailing Address: (if other than	n above):		_
Present School:		Present Grade:	_ Grade in Fall:
Date of Birth:	Place of Birt	th:	Age:
	Paren	ts Information	
Student lives with:	h 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	on: Application	for Enrollment	
How did you hear abo	out EMS?			
Do you know anyone	who attends/attend	ed EMS?		_
Name:				_
Relationship	to you:			_
Did either parent (or	guardian) of applic	ant attend EMS	?	_
	of attendance:			
	ates:			
Does your child have		_		
	ool:			
Attendance d	lates:			_ _
What do you hope a N	/Iontessori educatio	n will do for you	ur child?	
Child's Playmates: N	Number:	Ages	::	
Special experiences (t	rips etc.) or interes	ts (bugs, plants,	rhythm, arts/craft	s):
	ior (check all that a	pply):		
Characteristic Behavi	ioi (check an mai aj			
Characteristic Behavi □ shy □ friendly	□ calm □ excitable	□ cheerful □ fearful	☐ aggressive ☐ cooperative	□ whining
□ shy	□ calm □ excitable	☐ fearful	□ cooperative	-
□ shy □ friendly	□ calm □ excitable	☐ fearful	□ cooperative	-
□ shy □ friendly Any fears? (history an	□ calm □ excitable Ind manifestations):	□ fearful	□ cooperative	
□ shy □ friendly	□ calm □ excitable Ind manifestations):	□ fearful	□ cooperative	

(9)

Specia	l Needs That	We Should Be Aware Of:		
Has your child received services fo	r the followin	g? (Please check all that a	pply.)	
☐ Speech and Language ☐ Speech Education		☐ Learning Disability ☐ Other:		
	Religiou	s Information		
Do you belong to a parish? ☐ Yes	′□ No If	so, name:		
Parish and date of Baptism of child	Church	Town	State	Date
	-	ts for Enrollment	chool) must be	complete
and returned to the school.	ssment Record		chool) must be	
Prior to enrollment, a Health Asses and returned to the school. Signature of: Parent/Guardia	ssment Record		chool) must be	completed Date
and returned to the school.	esment Record		chool) must be	
and returned to the school. Signature of: Parent/Guardi	esment Record		chool) must be	Date
and returned to the school. Signature of: Parent/Guardi Signature of:	esment Record		chool) must be	Date
and returned to the school. Signature of: Parent/Guardi Signature of:	esment Record		chool) must be	Date

Return your completed Application for Enrollment with a \$50.00 nonrefundable application fee to:

The Enfield Montessori School 1325 Enfield Street Enfield, CT. 06082-5524 Attention: Director of Enrollment

Form Rev 12/7/15

