



SUMMER PROGRAM Application for Admission

3976 S. Livernois, Rochester Hills, MI 48307
Email: enrollment@themsr.net
Phone: 248.453.5757
www.themsr.info

FAMILY INFORMATION

Today's date MM/DD/YYYY

Parent/Guardian *living with the student* FIRST, MIDDLE, LAST

Home address # STREET, CITY, STATE, ZIP

Occupation Employer

Cell phone Email

Parent/Guardian FIRST, MIDDLE, LAST

Home address Same as student Not the same (please provide)
STREET, CITY, STATE, ZIP

Occupation Employer

Cell phone Email

Parents/Guardians are:
 Married Separated Divorced Single Parent Domestic Partners

Who is the legal guardian of the child? Who is financially responsible for child's tuition?

Name and address to be used for billing NAME, STREET, CITY, STATE, ZIP

STUDENT INFORMATION

To sign up multiple children, please see last page.

Full name FIRST, MIDDLE, LAST

Prefer to be called Date of birth MM/DD/YYYY

Place of birth Gender

Currently attending school/daycare? If yes, please name:

School district the student resides in:

AGE/SCHEDULE

Please select program according to age, schedule and days per week.

Infant (8 weeks – 18 months)	Toddler (18 months – 3years)	Primary (3 - 5 years)	Elementary / Adolescent (6 - 14 years)
<input type="checkbox"/> Half day 9am-12pm	<input type="checkbox"/> Half day 9am-12pm	<input type="checkbox"/> Half day 9am-12pm	<input type="checkbox"/> School day 9am-3pm
<input type="checkbox"/> School day 9am-3pm	<input type="checkbox"/> School day 9am-3pm	<input type="checkbox"/> School day 9am-3pm	<input type="checkbox"/> Extended day 8am-5pm
<input type="checkbox"/> Extended 8am-5pm	<input type="checkbox"/> Extended 8am-5pm	<input type="checkbox"/> Extended 8am-5pm	

Days per week: 5 Days - M-F 3 Days - M,T,W only

GETTING TO KNOW YOUR FAMILY

Please list the names and ages of siblings:

Attending summer program:

1	NAME, AGE,	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	NAME, AGE,	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	NAME, AGE,	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	NAME, AGE,	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please list the names and relationship of all parents and/or significant adult family members living with the student:

Primary language _____ Other language(s) spoken _____

Family nationality (for statistical purposes) _____

Please list your child's strengths, interests, and talents: _____

Please list any organized groups in which your child is active and/or any special classes your child takes outside of school:

Why are you interested in having your child attend our summer program?

Please share any additional information you would like us to know about your child or your family, including any areas needing special attention:

Has your child ever experienced discipline challenges (including suspension or expulsion) in an educational setting? Yes No

If yes, please explain: _____

Does your child/family know anyone at The Montessori School Rochester? No Yes _____

How did you first hear about The Montessori School Rochester? _____

I hereby apply for admission of my child(ren), _____, to The Montessori School Rochester

for the summer program year: _____ .

Parent/Guardian signature

Date

MM/DD/YYYY

Parent/Guardian signature

Date

MM/DD/YYYY



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Updated 01/2021

STUDENT INFORMATION

Print as many pages needed to apply for siblings

Full name _____ FIRST, _____ MIDDLE, _____ LAST _____

Prefer to be called _____ Date of birth _____ M M / D D / Y Y Y Y

Place of birth _____ Gender _____

Currently attending school/daycare? If yes, please name: _____

School district the student resides in: _____

Full name of parent/guardian living with the student _____

AGE/SCHEDULE

Please select program according to age, schedule and days per week.

Infant (8 weeks – 18 months)	Toddler (18 months – 3years)	Primary (3 years - Kindergarten)	Elementary / Adolescent
<input type="checkbox"/> Half day 9am-12pm	<input type="checkbox"/> Half day 9am-12pm	<input type="checkbox"/> Half day 9am-12pm	<input type="checkbox"/> School day 9am-3pm
<input type="checkbox"/> School day 9am-3pm	<input type="checkbox"/> School day 9am-3pm	<input type="checkbox"/> School day 9am-3pm	
<input type="checkbox"/> Extended 8am-5pm	<input type="checkbox"/> Extended 8am-5pm	<input type="checkbox"/> Extended 8am-5pm	

Days per week: 5 Days - M-F 3 Days - M,T,W

Please list your child's strengths, interests, and talents: _____

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Has your child ever experienced discipline challenges (including suspension or expulsion) in an educational setting? Yes No

If yes, please explain: _____
