



APPLICATION FOR ADMISSION

Child's Full Name Preferred Nickname Gender

Birthdate Age as of September 2023 Language(s) Spoken At Home

Home Address, City, State, Zip Home Phone Number

Previous school experience Duration

New applicants, please submit a **\$50 non-refundable application processing fee** to be considered. New applicants are defined as families that have never had a child enrolled at HJM. This one-time fee is non-refundable under all circumstances. Please make check payable to Hope & Joy Montessori.

Applying for:

- 2023-24 Academic Year
- Other: _____

Programs

Children's House Half Day 33 mos - 5 yrs	Children's House Full Day 33 mos - 5 yrs	Kindergarten 5-6 yrs	Before & After Care 33mos - 6yrs
Mon-Fri 8:30 - 11:45am <input type="checkbox"/>	Mon-Fri 8:30 - 3:00pm <input type="checkbox"/>	Mon-Fri 8:30 - 3:00pm <input type="checkbox"/>	Mon-Fri <input type="checkbox"/> 7:30-8:30am <input type="checkbox"/> 3:00-4:30pm

Parent or Guardian Full Name

Parent or Guardian Full Name

Home Address (if different from student)

Home Address (if different from student)

Phone 1 Phone 2
circle Home/Cell/Work *circle* Home/Cell/Work

Phone 1 Phone 2
circle Home/Cell/Work *circle* Home/Cell/Work

Email Address

Email Address

Are you interested in tuition assistance? Yes No

Names and ages of siblings
(include current school):

Relatives who are attending or have attended
Hope & Joy Montessori:

How did you hear about Hope & Joy Montessori? _____

What is your current understanding of the Montessori Philosophy?

Please share what is important for your child to learn while at our school - developmental, social, and academic goals.

SIGNATURES:

Parent Signature

Date

Parent Signature

Date

Hope & Joy Montessori admits students of any economic or social class, racial or ethnic heritage, religious belief or family structure to all rights, privileges, programs and activities available to students at the school.

Optional Information:

This information is **not required** and is used for the sole purpose of records required to maintain our non-profit status. Please check all that apply.

- White Black or African American American Indian or Alaska Native Asian
 Native Hawaiian or Other Pacific Islander Hispanic or Latino Decline to share

OFFICE USE ONLY:

Date Application Received: _____

Tour Date: _____

Age of Child - September 2023: _____

Check #: _____ \$ _____