

# Step by Step Montessori Preschool

## Application for Admission

### CHILD'S INFORMATION

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M F

Languages Spoken: \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

### PROGRAM PREFERENCE

For Morning Program (9:00-11:45a.m) / Afternoon Program (12:00-2:45p.m), please, mark AM or PM:

2 day program M \_\_\_\_\_ /T \_\_\_\_\_ /W \_\_\_\_\_ /TH \_\_\_\_\_ /FR \_\_\_\_\_

3 day program M \_\_\_\_\_ /T \_\_\_\_\_ /W \_\_\_\_\_ /TH \_\_\_\_\_ /FR \_\_\_\_\_

4 day program M \_\_\_\_\_ /T \_\_\_\_\_ /W \_\_\_\_\_ /TH \_\_\_\_\_ /FR \_\_\_\_\_

5 day program M \_\_\_\_\_ /T \_\_\_\_\_ /W \_\_\_\_\_ /TH \_\_\_\_\_ /FR \_\_\_\_\_

Or choose 9a.m-2:45p.m Full Day Program (please circle the appropriate days)

M T W TH FR

Child resides with: both parents \_\_\_\_\_ mother \_\_\_\_\_ farther \_\_\_\_\_ guardian \_\_\_\_\_

### FAMILY INFORMATION

Father's Full Name: \_\_\_\_\_

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Business Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Mother's Full Name: \_\_\_\_\_

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Business Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Marital Status: Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

Legal Guardian Information (if applicable)

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

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Business Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Are there special arrangements regarding visitation etc. If yes, please provide pertinent details.

Emergency Contact Information (Someone other than the parent)

By naming the following as emergency contacts, they are granted permission for your child to be released to them in case of emergency, if parents cannot be reached

1. Full Name: \_\_\_\_\_

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

Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

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

Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Person(s) other than parents authorized to pick up child from school.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Under no circumstances we release your child to anyone not listed on this form without written authorization or confirmed phone call. Picture ID is required.

Other Pertinent Information

Siblings Names and Ages: \_\_\_\_\_

Medical or Emotional Issues we should be aware of: \_\_\_\_\_

\_\_\_\_\_

- Please include a non-refundable application fee of \$100 with this application form.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_