

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 \$150 with this application form.

Signature of Parent or Legal Guardian _____ Date _____