

A Child's Garden Montessori School

Application for Enrollment

A non-refundable, \$50.00 application fee is required. If space is not available at the time of your application, your child will be placed on the wait list, and you will be notified when an opening occurs.

Child's Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Mother's Name: _____ Father's Name: _____

Mother place of work: _____ Work Phone # _____

Father place of work: _____ Work Phone # _____

E-mail address (for school correspondence) _____

Enrollment Options

Desired start date: _____

Monday – Friday: 8:30-3:00 _____ Additional hours: 7:30-8:30 a.m. _____

Mon. - Fri: (half day) 8:30-12:30 _____ 3:00-5:30 p.m. _____

Would you consider another schedule if your preference is not available? _____

Will your child stay for their kindergarten year? _____ Will your child attend the summer program? _____

How did you hear about us? _____

Has your child been enrolled in other Preschool or Childcare programs? _____

If so, where? _____ for how long? _____

If your child has siblings, what are their names and ages: _____

Is your child reliably toilet trained (must be self-sufficient and out of pull-ups)? _____

Enrollment is not denied on the basis of race, sex, religion, national origin or special needs. Certain considerations are made however, to placement in the classrooms. Our goal is to create a balanced mix of ages and genders.

Parent Signature: _____ Date: _____

Received on: _____ Deposit: _____ BR _____ GR _____
