

# 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: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Names: \_\_\_\_\_ 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: 7:30-8:30a.m. \_\_\_\_\_

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

(All new children 3 years and over are **strongly encouraged** to attend a minimum of 2 weeks in the summer program prior to the school year)

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

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: \_\_\_\_\_

28 Whittaker Dr. Stonington, CT 06378

Phone: (860) 572-1283 Fax: (860) 572-1290

For office use: Date received: _____ Deposit: _____ BR _____ GR _____
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