School Year _____ **APPLICATION FORM** Date: _____

Program: ___Toddler Half Day (8:30 am -11:30/11:45 am)_____ 7:30 a.m.-8:30 a.m. _____
___Primary School Day(8:30 am – 2:30/3:00PM) _____ 3:15 p.m.-6:00 p.m. _____

Male : _____ Female: _____	Last Name	First Name	Middle Name
Home Address:			
City:	State:	Zip:	
Birthday:	Age:	Email Address :	

Please list present and previous schools and/or daycares

From - To	Present School:	Telephone: ( )
From - To	Previous School:	Telephone: ( )

Father

Last Name	First Name	Middle Name	
Home Address:			Home Phone ( )
City:	State:	Zip:	Cell Phone ( )
Occupation/Firm	Work Address		Work Phone ( )

Mother

Last Name	First Name	Middle Name	
Home Address:			Home Phone ( )
City	State	Zip	Cell Phone ( )
Occupation/Firm	Work Address		Work Phone ( )

Office Use Only

Date Rec'd: _____Check#: _____Amt:_____ Tour Date:_____ Observation:_____

(see back)

_____ _____
Parent/Guardian Sign Date

Our primary goal in the admission process is to try to find the right fit between school, student, and family. Please answer the following questions to help us get a better sense of your child as a unique individual and the values around which you have built your family. Please feel free to attach additional sheets.

Family Information: (Check if appropriate)	
Parents are: ____Married ____Separated ____Divorced ____Other	Applicant lives with: ____Both Parents ____Mother___ Father ____Other ____Legal Guardian____ Stepmother____ Stepfather

Other children in family:		
Name	Age	School
Name	Age	School
Name	Age	School

What are your goals for your child?
What are your expectations of Children's Garden Montessori Academy for your child?
Why did you choose a Montessori program?
How did you learn about Children's Garden Montessori Academy?
Please Indicate any significant illness or health condition of your child:
Does your child take any medication(s) on a regular basis?____ Yes ____No
If yes, what kind?
Please provide any further information which will help us understand your child and meet his/her need.

_____ _____

Parent/Guardian Sign Date