

# Alfred Montessori School Application for Admission



Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age (Years & Months) \_\_\_\_\_  Male  Female

Home Address \_\_\_\_\_

Are you aware of any allergies?  Yes (please explain) \_\_\_\_\_  No

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Alt. Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Alt. Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Siblings Names & Ages \_\_\_\_\_

Has your child ever attended day care?  Yes  No If yes, where? \_\_\_\_\_

Why are you considering Montessori for your child? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Does your child typically nap?  Yes  No If yes, time of day? \_\_\_\_\_

How you like to receive the school monthly newsletter?

Electronic copy: email address \_\_\_\_\_  Paper Copy in Child's Folder

How you like to receive your monthly invoices?

Electronic copy: email address \_\_\_\_\_  Paper Copy in Child's Folder

Are you interested in:  Part Time (9am - 12pm)  Full Time (9am - 3pm)

How many days a week & preferred days  2 days, \_\_\_\_\_  3 days, \_\_\_\_\_

4 days, \_\_\_\_\_  5 days