

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