

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 _____

Is there a special interest that could be shared in the classroom? Yes _____ No

Parent's Name _____

Home Address _____ Primary Phone _____

Employer _____ Occupation/Position _____

Alt. Phone _____ Work Phone _____ Email _____

Is there a special interest that could be shared in the classroom? Yes _____ No

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? _____

How would you like to receive the monthly newsletter?

Electronic copy; email address _____ Paper Copy in Child's Folder

How would you like to receive your monthly invoice?

Electronic copy; email address _____ Paper Copy in Child's Folder

How many days a week 2 days, _____ 3 days, _____

4 days, _____ 5 days

What times will child typically be arriving and departing?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

