



Application for Enrollment

Please complete and return with \$50 Application Fee to be considered for placement. You will be notified regarding your child's acceptance into the program. Thank you.

Child's Name _____ Nickname _____

Sex _____ Birth date _____ Identifying Marks _____

Address _____

Phone _____ Primary Language(s) spoken at home _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Age at Admission: _____ Height: _____ Weight: _____

Siblings' Name(s) and Age(s): _____

Grandparents' Name(s) and Address: _____

Parents/Guardian

Legal Guardian (if other than the parents) _____

Parent _____ Phone # (Home) _____

Home address _____

Place of Employment _____

Phone # (Work) _____ Phone # (Cell) _____

Email: _____

Parent/Guardian _____

Phone # (Home) _____ Phone # (Cell) _____

Home address _____

Place of Employment _____

Email: _____

Phone # (Work) _____

Marital Status _____

Who has legal custody? _____

Program Needs

I wish to enroll my child in Montessori Beginnings School programming:

- Monday - Friday (5 days, 8:45am – 3:00pm) _____
- Monday-Wednesday-Friday (3 days, 8:45am – 3:00pm) _____
- Extended Care –Morning (7:30 – 8:30am) _____(please specify times needed)
- Extended Care – Afternoon (3:00 – 5:30pm) _____(please specify times needed)

- _____ 10 Months (September – June) _____ 12 Months (September – August)

I wish to enroll my child:

- Beginning as soon as possible _____
- Other (please designate) _____

Additional Information

How did you learn about Montessori Beginnings School? _____

Your child will be part of a Montessori influenced community. What do you hope to achieve during your child’s time at Montessori Beginnings School:

Montessori Beginnings accepts any child whose family is interested in Montessori education as an approach to life and wish to learn how to incorporate this approach into their own environment. We attempt to achieve a balance of multiple ages, gender and experience in the classroom. We give special consideration to siblings and children transferring from other Montessori programs, as well as children of board members.

Generally, we are not equipped or licensed to care for children with special needs; therefore, any such care is conditional upon the consent of the Program Director and/or Head of School. In all cases, applicants will be "interviewed" by the Director and another school representative to get a sense of how the child will function in the Montessori classroom. Each child must be able to participate and substantially benefit from our program without risk to him/herself or other children. Montessori Beginnings reserves the right to deny entrance into the program based on the interview process, or to ask that a child be removed from the program after a trial period if the program does not appear to be an optimal fit for the student and other children.

NOTICE OF NONDISCRIMINATORY POLICY Montessori Beginnings admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, ethnic origin or toilet training readiness in administration of its educational policies, admissions policies and other school-administered programs.

I have completed the application and am aware of the preceding policies.

Signatures/Date:

Parent/Legal Guardian, Date _____

Parent/Legal Guardian, Date _____

Office use only

Date Child Entered School: _____ Date Child Left School: _____

\$50.00 Application Fee received: _____