

Application for Enrollment

750 Howard St. Kalamazoo, MI 49008 -- 6274 N. 32nd St. Richland, MI 49083

Phone: 269.349.3248 Fax: 269.349.1480

www.themontessorischool.org

STUDENT INFORMATION

LAST: FIRST: MIDDLE:
 NICKNAME: DATE OF BIRTH: GENDER:
 ADDRESS: CITY:
 STATE: ZIP CODE: HOME PHONE #:

PARENT INFORMATION

	Parent/Guardian		Parent/Guardian
FULL NAME:	<input type="text"/>		<input type="text"/>
RELATIONSHIP:	<input type="text"/>		<input type="text"/>
ADDRESS (If different from above):	<input type="text"/>		<input type="text"/>
OCCUPATION/ EMPLOYER:	<input type="text"/>		<input type="text"/>
CELL PHONE #:	<input type="text"/>		<input type="text"/>
EMAIL:	<input type="text"/>		<input type="text"/>

SIBLINGS

NAME: <input type="text"/>	AGE: <input type="text"/>	GENDER: <input type="text"/>
NAME: <input type="text"/>	AGE: <input type="text"/>	GENDER: <input type="text"/>
NAME: <input type="text"/>	AGE: <input type="text"/>	GENDER: <input type="text"/>

CAMPUS: Kalamazoo Richland

Requested start date (MM/DD/YYYY):

NOTE: Children must be at least 2 years 9 months old and potty trained to join our programs

CHILDCARE NEEDS: Before 9AM After 12PM After 3PM Summer

If you are placed on our waiting list and a spot becomes available, would you consider enrollment before the Fall term? YES NO

Would you like us to send you information about our Tuition Assistance program? YES NO

OFFICE USE ONLY

Date Received: _____ Date Acknowledged: _____

Application Fee Received: ___Yes ___No ___ Sibling Cash: ___ Credit Card ___ Check#: _____ Wait list? Yes/No

APPLICATION FOR ENROLLMENT *Continued*

Does your child have previous Montessori experience? YES NO How long? Where?

Other previous group/school experience? YES NO How long? Where?

With the understanding that Montessori education is most beneficial to your child in 3 year cycles (Ages 3-6, 6-9, 9-12, etc.), how long do you intend to have your child enrolled at The Montessori School? Why?

Why have you chosen a Montessori School for your child?

To which other schools have you applied for your child?

What is your background in the Montessori approach to education (reading, lectures, training, school involvement, other)?

Have any of your other children attended a Montessori school? If so, which school and for how long?

How did you become acquainted with our school?

To assist us in knowing your child, please comment on any specific interest your child has developed. Also, list any physical limitations and/or learning difficulties (suspected or diagnosed).

What specific abilities or hobbies might you share with the classes (foreign language, music, sewing, carpentry, gardening, plumbing, electrical skills, collections, other)?

Is there anything you would like us to consider when placing your child in a classroom?

Signature of Parent/Guardian:

(Type or Sign)

Date signed:

Signature of Parent/Guardian:

(Type or Sign)

Date signed:

Please return completed and signed application with \$50 fee to:

Admissions, The Montessori School, 750 Howard St., Kalamazoo, MI 49008. Questions? e-mail support@themontessorischool.org