

APPLICATION FOR ENROLLMENT

I / We request the admission of the below named child to attend Starting Point Montessori Center in accordance with the current policies of the school.

STUDENT INFORMATION

Child's Name: _____

Child's Address: _____

City: _____ ST: _____ Zip: _____

Place of Birth: _____

DOB: _____ Gender: Male Female

PROGRAM INTEREST

Toddler (18 months - 3 years)

Primary (3 years - 5 years)

Kindergarten (5 years - 6 years)

MY CHILD IS TO START SCHOOL

Fall School Year 20__ - __ Summer Program

Office Use Only

Date Application Received: _____

Date Application Reviewed: _____

Student Start Date: _____

Approved by: _____

Notes:

FAMILY INFORMATION

Child lives with: Both parents Mother Father Grandparents Other: _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Employer Name: _____

Work Phone: _____

Email Address: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Employer Name: _____

Work Phone: _____

Email Address: _____

PREVIOUS SCHOOL INFORMATION

Has your child attended any other Childcare or Pre-School Program? Yes No

If yes, list name of School or Daycare _____

Has your child been identified as having a **learning disability** or other **special need?** Yes No

If yes, please explain: _____

How did you hear about our school? Internet Walk In Referral / Referred by: _____

Parent Signature: _____ Date: _____