



## Application for Admission

### 10-Month Calendar

#### **2-YEAR OLD CLASS**

*Child must be two upon entry*

5 days       3 days (T, W, Th.)

9:00 am – 12:00noon       8:00 am – 9:00 am  
 9:00 am – 1:00 pm       3:00 pm – 6:00 pm  
 9:00 am – 3:00 pm

Early Morning Care

After School Care

#### **Early Childhood CLASS** (Ages 3 – 6)

*Child must be fully potty trained*

9:00 am – 12:00noon       8:00 am – 9:00 am  
 9:00 am – 1:00 pm       3:00 pm – 6:00 pm  
 9:00 am – 3:00 pm

Early Morning Care

After School Care

### 12-Month Calendar

8:00am – 6:00pm

**2-YEAR OLD CLASS**

*Child must be two upon entry*

**Early Childhood CLASS** (Ages 3 – 6)

*Child must be fully potty trained*

Desired date of Entry \_\_\_\_\_

Today's Date \_\_\_\_\_

### **CHILD INFORMATION**

\_\_\_\_\_  
Child's Full Name (First, Middle, Last)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Commonly Used First Name (if different)

\_\_\_\_\_  
Language spoken in the home

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current age

\_\_\_\_\_  
Previous school attended (if applicable)

Gender:     Male     Female

Is your child potty trained?     Yes     No

### **FAMILY INFORMATION**

\_\_\_\_\_  
Mother/Guardian Full Name

\_\_\_\_\_  
Father/ Guardian Full Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address (If different)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Occupation/Employer

\_\_\_\_\_  
Occupation/Employer

\_\_\_\_\_  
Daytime Phone/Cell Phone

\_\_\_\_\_  
Daytime Phone/Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

Names and ages of siblings: \_\_\_\_\_

Family Status:  Married  Partnered  Divorced  Separated  Single

Child lives with:  Both Parents  Father  Mother  Other

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### GENERAL HEALTH INFORMATION

Does your child have allergies?  Yes  No

\_\_\_\_\_

Details

Is your child under the care of a therapist or doctor other than a pediatrician?  Yes  No

\_\_\_\_\_

Details

Describe any health or developmental concerns that we should know about?

\_\_\_\_\_

Details

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How did you learn about Apple Montessori? \_\_\_\_\_

Why did you choose Apple Montessori? \_\_\_\_\_

What goals do you have for your child that you hope Apple Montessori will support?

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Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please enclose a \$50 non-refundable application fee with this application.**

**Upon acceptance the payment of the enrollment fee will secure your child's space until the first tuition payment is due.**

**For Office Use Only:**

Application rec'd \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Amount \$ \_\_\_\_\_ Check# \_\_\_\_\_

Contract Sent \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Contract Rec'd \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Amount \$ \_\_\_\_\_ Check# \_\_\_\_\_