



Application for Admission

10-Month Calendar

2-YEAR OLD CLASS

Child must be two upon entry

5 days 3 days (T, W, Th.)

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

Early Morning Care

After School Care

Early Childhood CLASS (Age 3 – 6)

Child must be fully potty trained

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

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 (Age 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

Parent/Guardian Full Name _____

Parent/ 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

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

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?

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# _____