



Preschool Application

Child's name: _____

Today's Date: _____

Child's Age: _____ years, _____ months Date of birth: _____

Home address (please include city, state, and zip code):

Home telephone (if no home phone, please leave blank): _____

Requested admission date: _____

This application is subject to the following conditions:

- 1) A nonrefundable \$50.00 fee must accompany the application.**
- 2) The Montessori School of Columbia gives preference in admission decisions to children with siblings already enrolled in the school and to children with previous Montessori training.
- 3) The Montessori School of Columbia may contact the child's previous teacher or care provider and this application serves as your permission to request student records from any previous school or care provider.
- 4) The Montessori School of Columbia may require an interview and/or classroom visit with your child as part of the application process. A parent may be required to have observed in the classroom.
- 5) This application does not constitute acceptance into The Montessori School of Columbia. If the child is accepted to the school, an enrollment contract will be sent.
- 6) The Montessori School of Columbia 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 of the school. It does not discriminate on the basis of race, color, sexual orientation, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic or any other school administered programs.
- 7) Our teachers are not specially trained to educate children with specifically diagnosed learning, behavior, or attention disorders. In order to effectively assess your child, we request that you disclose any medical or psychological evaluations, current medications, and any other information relevant to this concern.

First Parent name: _____

First Parent business/profession: _____

First Parent address: _____

First Parent phone numbers:

(home) _____ (work) _____ (cell) _____

First Parent email address: _____

Second Parent name: _____

Second Parent business/profession: _____

Second Parent address: _____

Second Parent phone numbers:

(home) _____ (work) _____ (cell) _____

Second Parent email address: _____

If parents are separated/divorced, please indicate the name of the custodial adult below. Please note that our policy is to look to the custodial adult for all decisions regarding the child.

Names and ages of siblings: _____

Please provide the following information about your child:

Does your child have any special needs/problems of which the school should be aware? Explain:

Does your child have any allergies? _____

Is your child reliably toilet trained? _____ How long? _____

Does your child take naps? _____ How frequently and for how long?

Does your child have a regular bedtime? _____ When is bedtime? _____

How much TV does your child watch each day? _____

Is your child comfortable around animals? _____

Is your child beginning to show signs of independence and self-control?

What previous out-of-home care has your child experienced?

School/Care setting: _____ Dates Attended _____

Address: _____

Phone: _____

Teacher's/Caregiver's name: _____

School/Care setting: _____ Dates Attended _____

Address: _____

Phone: _____

Teacher's/Caregiver's name: _____