

Enrollment Application



Child's Name: _____ **Birthdate:** _____
First Middle Last

Add'l Child: _____ **Birthdate:** _____
First Middle Last

Home address: _____ **Main Phone:** _____
Street City State Zip Code

Main Email: _____ **Secondary Email:** _____

Mother's Name: _____ **Occupation:** _____ **Cell Phone:** _____

Address: (if different from above) _____

Father's Name: _____ **Occupation:** _____ **Cell Phone:** _____

Address: (if different from above) _____

How did you hear about us? _____

Does your child have any special conditions, or characteristics about which we should know?

Who lives with your child (parents, grandparents, other adults etc.)? _____

Will your child be receiving childcare outside the home during the school year? (Circle One) Yes / No
Where: _____ When: _____

Has your child attended any other school or preschool? _____

School Name & Address: _____

Please check mark the program/s for which you are applying:

_____ Half Day Toddler (4 days) _____ Early Childhood (3 days) _____ Kindergarten

(Circle One): Half Day / Full Day

_____ Full Day Toddler

_____ Early Childhood (5 days)

_____ Lower Elementary

(Circle One): Half Day / Full Day

Grade: _____

Parent/Guardian Signature

Date

A non-refundable application fee of \$150.00 per family must accompany this application. Make checks payable to "Chesterton Montessori School".

Submittal of this application with required fees does not guarantee placement in the program of your choice. Priority is given to families with students already in attendance at Chesterton Montessori. Remaining places are allotted on a first apply, first admitted basis.

OFFICE USE ONLY:

Date Rec'd _____

Start Date _____

Program _____

App Fee _____

Check # _____

First Payment _____ Check # _____