Crestview
Montessori School

APPLICATION FOR ADMISSION

Thank you for choosing Crestview Montessori!
We seek committed, long-term families who value the lasting benefits of the Montessori approach and look forward to a multi-year journey of growth!

Today's Date _____

Applying for year 20_____/20_____
Please check program(s) applying to:

- ☐ Morning Primary Program (2 ½ to 5 year olds) 8:45 am – 12:00 pm
- ☐ Half-Day Primary Program (2 ½ to 5 year olds) 8:45 am – 1:00 pm (includes lunch)
- ☐ Full Day Primary Program (2 ½ to 5 year olds) 8:45 am – 3:00 pm
- ☐ Kindergarten Program (5 years old by September 1st) 8:45 am – 3:00 pm
- ☐ *After-School Care Program 3:00pm-6:00pm
  ***(to be offered with a minimum enrollment of four children)**

CHILD INFORMATION

_____
Full Name (First, Middle, Last)

_____
Commonly Used First Name (if different)

_____
Date of Birth Current Age

Gender: □ Male □ Female

Previously attended school? □ Yes □ No

_____
Name of Previous School (if applicable)

_____
Primary Language Spoken in the Home

FAMILY INFORMATION

_____
Parent/Guardian Full Name

_____
Home Address

_____
City, State, Zip

_____
Relationship to Applicant

_____
Employer

_____
Cell Phone

_____
Email Address

_____
Parent/Guardian Full Name

_____
Home Address (if different)

_____
City, State, Zip

_____
Relationship to Applicant

_____
Employer

_____
Cell Phone

_____
Email Address

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Are there other children in residence?

_____
Name Age

_____
Name Age

Family status:

□Single □Married □Divorced □Separated

Child lives with: □ Father □ Mother □ Both

GENERAL HEALTH INFORMATION

Is your child under the care of a doctor other than a pediatrician?

_____
(Details)

Does your child have any physical/mental disabilities that require special attention?

_____
(Details)

Does your child have any allergies? □ Yes □ No

_____
(Details)

Does your child have any health issue you think is important to tell us about, and has not been previously mentioned, e.g. speech therapy?

_____

_____

Does your child feed him/herself? □ Yes □ No

Does your child dress him/herself? □ Yes □ No

Is your child fully toilet trained**? □ Yes □ No
****Bathroom independence is required before the first day of school.**

_____ _____
Age learned to talk? Age learned to walk?

How did you learn about Crestview Montessori School?

_____

Please explain your interest in a Montessori school environment for your child:

_____

_____

If your child has an IFSP/IEP please share a copy with us. This will help us address any individual needs your child may have.

_____ _____
Parent /Guardian Name Signature

_____ _____
Parent/ Guardian Name Signature

Photo of your child (optional)

PLEASE NOTE

1. A $50.00 non-refundable Application Fee will be charged through Brightwheel**.**
2. If accepted, a $1000 non-refundable Brightwheel deposit is required to hold a place for your child. This fee is applicable towards tuition.