

NEW KINDERGARTEN STUDENT APPLICATION 2017-2018 SCHOOL YEAR

(\$75 registration fee *must* accompany this application)

How did you hear about u	۶۶			
Family Information:				
Child's Name		Date o	of Birth	
Street Address	Ci	ty	State	Zip
Parent's Name				
Home #	Cell #	e-mc	lir	
Street Address(If different from above)	Ci	ty	State	Zip
Occupation				
Parent's Name				
Home #	Cell #	e-mc	lir	
Street Address(If different from above)	Ci	ty	State	Zip
Occupation	Employer	\	Work #	
I wish to enroll my child i	n the following prod	aram.		
☐ <u>Kindergarten</u> (M - F on		grann.		
<u>kinderganen</u> (M-1 On	iy j			
I wish to contract for the	_	d day options:		
Early Care (starts at 7:30):				
□Monday □Tuesday □	JWednesday □Thu	rsday 🗆 Friday		
After Care until 4:00:				
□Monday □Tuesday □	JWednesday □Thu	rsday 🗆 Friday		
After Care until 5:30:				
□Monday □Tuesday □	Wednesday DThu	rsday 🗆 Friday		
Do you plan to send or would	vou consider sending vour ch	ild to Cornerspring past	level? Yes 1	lo Mavbe

Cornerspring Montessori School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions, or any other school administered programs.

Child's general health				
Allergies?				
How would you describe your				
What are your child's academ	ic strengths and weakne	esses?		
What are your child's social st	rengths and weaknesses	5?		
Has your child been tested or				
Feel free to write anything specinterests, temperament, speci	•			
Your Child's previous school e	xperience: Name of sch	ool		
School address		City	State	Zip
Phone	Dates in att	endance		
Has your child ever been enro	lled in a Montessori Pro	gram?		
How do you think the Montes	sori system will benefit v	your child?		
Why did you choose this scho	ol for your child? How d			
Other children in the family?				
Name	Age	Name		Age
Name	Age	Name		Age

^{*}You may write below if you need more room

Extended Family Information:

Please include grandparent's or other family members' contact information so that we can keep them up to date on school events and activities.

Street Address:				
City:		State:	Zip:	
Email:				-
Telephone:				_
Name/s:				
Street Address:				
City:		State:	Zip:	
Email:				-
Telephone:				_
Name/s:				
City:		State:	Zip:	
Email:				-
Telephone:				_
Name/s:				
City:		State:	Zip:	
Email:				-
Telephone:				
Office use only:				
enrolled:	Registration fee paid _			