



NEW TODDLER & PRIMARY STUDENT APPLICATION
2018-2019 SCHOOL YEAR
(\$25 application fee must accompany this application)

Application Date Requested Start Date

How did you hear about us?

Family Information:

Child's Name Date of Birth

Street Address City State Zip

Parent's Name

Home Phone Cell Phone e-mail

Mailing Address City State Zip

(If different from above)

Occupation Employer Work Phone

Parent's Name

Home Phone Cell Phone e-mail

Mailing Address City State Zip

(If different from above)

Occupation Employer Work Phone

I wish to enroll my child in the following school program:

(School starts at 8:30. 1/2 day ends at 12:30 and Full Day ends at 3:00)

*Contracted are not interchangeable.

3 Day: 1/2 Day Full Day Choose days: Monday Tuesday Wednesday Thursday Friday

4 Day: 1/2 Day Full Day Choose days: Monday Tuesday Wednesday Thursday Friday

5 Day: 1/2 Day Full Day (M - F)

Kindergarten (M-F, full days only)

I wish to contract for the following extended day options (only available on days they attend school):

Early Care (starts at 7:30):

Monday Tuesday Wednesday Thursday Friday

After Care until 4:00:

Monday Tuesday Wednesday Thursday Friday

After Care until 5:30** (NOT AVAILABLE TO CHILDREN UNDER THE AGE OF 3 YEARS):

Monday Tuesday Wednesday Thursday Friday

Do you plan to send or would you consider sending your child to Cornerspring past the preschool level? Yes No Maybe

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? _____

Does your child nap? _____

Is your child toilet trained? _____ To what extent _____

How do you discipline your child? _____

How do you describe your child's personality and learning style?

Has your child had any previous Preschool experience? _____ Please, explain

Has your child ever been enrolled in a Montessori Program? _____

What goals do you have for your child in this program? _____

What do you see as your child's greatest strengths? _____

In what areas would you like to see your child's potential more fully develop?

Has your child been tested or evaluated for psychological, emotional, behavioral or learning challenges? _____ Please, explain _____

Please specify any special educational, physical, or emotional needs of your child

Please specify anything that would be helpful for us in getting to know your child such as interests, temperament, behaviors, anxiety or fears :

Other children in the family?

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Extended Family Information:

Please include grandparent's or other family members' contact information so that we can share fundraisers, news, events, activities, links to articles, photos, etc.

Name/s: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____

Name/s: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____

Name/s: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____

Name/s: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____

For Office use only:

Date enrolled: _____ Registration fee paid _____

Payment information:

Check () # _____ Cash () Other () _____