Cornerspring
MONTESSORI SCHOOL

NEW ELEMENTARY STUDENT APPLICATION

($50 application fee *must* accompany this application)

How did you hear about us? _____

Family Information:

Child's Name_____ Date of Birth_____

Street Address_____ City_____ State _____ Zip_____

Parent's Name _____

Home #_____ Cell # _____ e-mail_____

Mailing Address_____ City_____ State _____ Zip_____
(If different from above)

Occupation_____ Employer _____ Work #_____

Parent's Name _____

Home #_____ Cell # _____ e-mail_____

Mailing Address_____ City_____ State _____ Zip_____
(If different from above)

Occupation_____ Employer _____ Work #_____

I wish to enroll my child in the following program:

☐ **Lower Elementary** (6-9 year olds)

☐ **Upper Elementary** (9-12 year olds)

I wish to contract for the following extended day options:
(Regular school day starts at 8:30 and ends at 3:00)

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:
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Do you plan to send or would you consider sending your child to Cornerspring through 14 years old?
___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.

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Belfast, ME 04915

p: 207-338-5800

info@cornerspringmontessori.com
www.cornerspringmontessori.com

Family Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single Parent ☐ Life Companions ☐ Widow

Student lives with: ☐ Mother ☐ Father ☐ Both ☐ Other (please specify) _____

List any other adults living in the household_____

Which languages other than English are spoken at home? To what extent?_____

Child's general health_____

Allergies?_____

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

_____

_____

What are your child's academic strengths and weaknesses? _____

_____

What are your child's social strengths and weaknesses?_____

_____

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

_____

_____

Feel free to write anything specific you feel would be helpful for us in getting to know your child such as interests, temperament, special educational, physical, or emotional needs_____

_____

_____

Your Child's previous school experience: Name of school _____

School address_____City_____State_____ Zip _____

Phone_____ Dates in attendance_____

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

How do you think the Montessori system will benefit your child?_____

_____

Why did you choose this school for your child? How did you first learn about this school?_____

_____

Other children in the family?

Name_____ Age_____ Name_____ Age_____

Name_____ Age_____ Name _____ Age_____

***You may add more pages if you need more room**

Extended Family Information:

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

Name/s: _____

Street Address: _____

City: _____State: _____ Zip: _____

Email: _____

Telephone:_____

Name/s: _____

Street Address: _____

City: _____State: _____ Zip: _____

Email: _____

Telephone:_____

Name/s:_____

Street Address: _____

City: _____State: _____ Zip: _____

Email: _____

Telephone:_____

Name/s: _____

Street Address: _____

City: _____State: _____ Zip: _____

Email: _____

Telephone:_____

For Office use only:

Tour Date: _____ Application fee paid _____

Payment information:

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