



APPLICATION FOR PRESCHOOL ADMISSION

TODAY'S DATE: _____

CHILD'S FULL LEGAL NAME: _____

BIRTH DATE: _____ AGE: _____ SEX: MALE FEMALE

NAME HE/SHE LIKES TO BE CALLED (NICKNAME): _____

PREVIOUS SCHOOLS ATTENDED: _____ FROM: _____ TO: _____

PREVIOUS SCHOOLS ATTENDED: _____ FROM: _____ TO: _____

MOTHER'S FULL NAME: _____ H.PHONE: _____ CELL: _____

ADDRESS: _____ E-MAIL: _____

FATHER'S FULL NAME: _____ H.PHONE: _____ CELL: _____

ADDRESS: _____ E-MAIL: _____

PARENTS' OCCUPATIONS

FATHER: _____ FIRM: _____ PHONE: _____

MOTHER: _____ FIRM: _____ PHONE: _____

GUARDIAN: _____ FIRM: _____ PHONE: _____

FAMILY STATUS

CHILD LIVES WITH: _____

PARENTS ARE: MARRIED TOGETHER SEPARATED DIVORCED WIDOWED

CUSTODY OF CHILD: JOINT MOTHER FATHER GUARDIAN GRANDPARENT

Are there any limitations on either parent's right to pick up or visit the child at school? YES NO

IF YES, PLEASE ATTACH A COPY OF THE COURT ORDER TO KEEP ON FILE AT CMLC

OTHER CHILDREN IN HOUSEHOLD:

NAME: _____ DOB: _____ RELATIONSHIP: _____

NAME: _____ DOB: _____ RELATIONSHIP: _____

NAME: _____ DOB: _____ RELATIONSHIP: _____



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CHECK SCHOOL HOURS WANTED (TUITION):

- 8:00am - 12:00pm (\$550 PER MONTH)
- 7:30am - 5:30pm (\$1,100 PER MONTH)

SCHOOL HOURS FOR SUBSIDY PROGRAM:

- 8:15am - 11:45am (SEPTEMBER - JUNE)
- 12:15pm - 3:45pm (SEPTEMBER - JUNE)
- 7:30am - 5:30pm (FULL YEAR)

REQUIREMENTS FOR SUBSIDY APPLICATION:

- BIRTH CERTIFICATE OF ALL CHILDREN
- ONE MONTH'S PROOF OF INCOME
- PHYSICIAN'S REPORT
- PROOF OF ADDRESS
- OTHER DOCUMENTS

WAIVER OF RESPONSIBILITY

I hereby consent to have my child participate in walks or rides away from the school grounds to nearby points of interest.

I authorize the director to call the emergency ambulance in case of accident or acute illness and to allow for possible emergency medical or surgical care in case I am not immediately available. It is understood that a conscientious effort must be made to notify my spouse or me.

I am aware that the Community Care Licensing Agency has the right to interview my child without giving prior consent to anyone.

PARENT'S SIGNATURE: _____ DATE: _____

LIST OF THOSE AUTHORIZED TO REMOVE MY CHILD FROM SCHOOL:

1. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

2. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

3. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

4. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____



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SCHOOL POLICY

The Montessori program is appropriate for the vast majority of children. Nonetheless, there are a few children with special needs or problems who do not function well in the Montessori environment, for example, the children with excessive needs for attention or who exhibit a great deal of aggressive behavior may not be well served here.

For this reason, we reserve the right to request that you withdraw your child from the school if we feel that your child's presence in the classroom is not in the child's best interest or seriously hampers the effectiveness of the program. This request would not be made without extensive prior consultation between you and our staff and would be a joint decision of our Staff and Board of Directors.

Of course, if we find it necessary to make such a request of termination, our Staff and Board of Directors will do whatever possible to help you find the best Preschool environment for your child.

I HAVE READ THE POLICY STATEMENT ABOVE AND AGREE TO ITS TERMS.

PARENT/GUARDIAN SIGNATURE: _____

Creative Montessori Learning Center is operated on a non-discriminatory basis, according equal treatment and access to services, without regard to race, color, religion, national origin or ancestry.

PLEASE GO TO THE NEXT PAGE

