



# COMMUNITY MONTESSORI SCHOOL APPLICATION FOR ENROLLMENT

Please PRINT ☺ Date of Application: \_\_\_\_\_ Start Date Desired: \_\_\_\_\_  
Month/Year

Student's Full Name: \_\_\_\_\_  
Last First Middle Name Called

Student's Home Address: \_\_\_\_\_  
Number Street  
City State Zip (\_\_\_\_) \_\_\_\_\_  
Primary Phone Number

Home/Primary Email: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Age as of Sept. 1: \_\_\_\_\_  
(Of year of application)

## DESIRED PROGRAM

Toddler Community (ages 18 mo.-3)	_____	Lower Elementary (ages 6-9)	_____
Primary Half-Day (ages 3-5)	_____	Upper Elementary (ages 9-12)	_____
Primary Full-Day (ages 3-5)	_____	Adolescent Program (ages 12-15)	_____
Kindergarten (age 5, as of Sept. 1)	_____		

## Parent Information

Mr./Mrs./Ms./Dr. (circle one)  
 Parent/Mother's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
*(If different than student's)*  
 E-Mail Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
*(If different than cell)*  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Employer/Company Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Business Address: \_\_\_\_\_

Mr./Mrs./Ms./Dr. (circle one)  
 Parent/Father's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
*(If different than student's)*  
 E-Mail Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
*(If different than cell)*  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Employer/Company Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Business Address: \_\_\_\_\_

**Office use only:** Deposit Pd: Y N ck#\_\_\_\_ New Fam Fee Pd: Y N n/a ck#\_\_\_\_ Mat Fee Pd: Y N ck#\_\_\_\_  
 Actual Start Date: \_\_\_\_\_ Program: T TFD PHD PFD K LE UE AD Classroom: \_\_\_\_\_  
 Profile Updated: CMN\_\_\_\_ YSP\_\_\_\_ MDS\_\_\_\_ e-mail election: Y N Payment Plan: E S M Sp

**COMMUNITY MONTESSORI SCHOOL**  
**Family Information**

**Marital status:**    Married    Single    Separated    Divorced    Widowed

**Is child adopted?**             Yes             No

**Who has financial responsibility for the applicant?** \_\_\_\_\_

**Who should receive billings?** \_\_\_\_\_

<b>Brother and/or Sister Name(s)</b>	<b>Lives at Student's Home?</b>	<b>Visits?</b>	<b>Age</b>	<b>Half/Step?</b>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Name(s) of other persons living in student's home**

**Relationship**

_____	_____
_____	_____

**Who are direct caregivers of this child other than you?**

Name	Address	Phone Number
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**Person(s) permitted to remove child from school:**    Mother \_\_\_\_\_ Father \_\_\_\_\_

**Others permitted to remove child (with prior notification and proper ID):**

Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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**What is your alternate childcare plan in the event your child is ill?**

\_\_\_\_\_

**How did you hear about CMS?**

\_\_\_\_\_

**What are the names of relatives or friends who have attended or are attending CMS?**

\_\_\_\_\_

# COMMUNITY MONTESSORI SCHOOL

## Student's School Experience

Please list all previous school experiences like nursery school, daycare, church school, mother's day-out, kindergarten and/or elementary schools. Please include a copy of all school records with this form.

Student's Current School and Address:

Dates of Attendance

Teacher Name

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Student's Previous School(s) and Address(s):

Date(s) of Attendance:

Teacher Name

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If your child has had a previous school or daycare experience, please describe the experience. What things did your child like and not like? What is/was your reason(s) for the change in school?

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How did you find out about Community Montessori School (CMS)?

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Why have you chosen to attend CMS? What about CMS appeals to you?

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What are your expectations for a Montessori environment? What do you feel is the most important thing that your child can gain from this experience?

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How long do you plan to have your child attend CMS? \_\_\_\_\_

What are your educational and family goals for your child? How do you see CMS helping these goals?

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What role will you, as parent or guardian, play in helping your child's educational and family goals?

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# COMMUNITY MONTESSORI SCHOOL

## Student's Medical History

Birth: Normal \_\_\_\_\_ Cesarean \_\_\_\_\_ Full-Term \_\_\_\_\_ Pre-mature (how early?) \_\_\_\_\_

Describe any birth complications: \_\_\_\_\_

Is child adopted? \_\_\_\_\_ Has this been explained to the child? \_\_\_\_\_

Place of birth: \_\_\_\_\_  
City State

Age that child: Rolled over \_\_\_\_\_ Crept \_\_\_\_\_ Crawled \_\_\_\_\_ Walked alone \_\_\_\_\_  
Sat alone \_\_\_\_\_ Babbled \_\_\_\_\_ Spoke a 3 word sentence \_\_\_\_\_

Toilet trained: Day \_\_\_\_\_ Night \_\_\_\_\_ if not, has toilet training started? \_\_\_\_\_

What communication does child use when he/she needs to go to the bathroom? \_\_\_\_\_

Bedtime hour: \_\_\_\_\_ Waking time: \_\_\_\_\_

What languages does your child speak fluently? \_\_\_\_\_ At home? \_\_\_\_\_

List medications your child takes on a regular basis: \_\_\_\_\_

List any unusual events or circumstances related to your child's birth and/or early years of life. (Examples: illnesses, operations, convulsions, serious accidents or injuries, physical challenges, and/or impairments.)

Hospitalizations? \_\_\_\_\_ How Long? \_\_\_\_\_

Reason: \_\_\_\_\_

List any allergies your child has (food, medical, environmental, other)

Does your child have any speech difficulty? \_\_\_\_\_ Hearing difficulty? \_\_\_\_\_

Physical disabilities? \_\_\_\_\_ Learning difficulties? \_\_\_\_\_

Special educational needs? \_\_\_\_\_ Social/emotional difficulties? \_\_\_\_\_

Has your child ever been referred to a psychiatrist, psychologist or therapist? Yes? \_\_\_\_\_ No? \_\_\_\_\_

Result: \_\_\_\_\_

**Student's  
Physician:**

Name

Address

Phone

May we call another physician if unable to contact above? Yes? \_\_\_\_\_ No? \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

# COMMUNITY MONTESSORI SCHOOL

## General Information

Describe your child's interests, joys, temperament, personality traits, fears, habits, and special needs that will help us understand your child.

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What do you feel are your child's strongest assets and those which you feel are especially important to nurture?

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How does your child respond to frustration?

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How do you view his/her social and emotional development now?

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What does your child like to do on his/her own – both indoors and outdoors?

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Does your child have any activities outside of school in which he/she is involved such as piano lessons, gymnastics, etc.?

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Is your child able to choose his/her own clothes and dress without assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

Does your child, or will your child help prepare and pack his/her own lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

Has your child experienced separation anxiety prior to coming to school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, how have you and your child handled the situation?

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What is the average number of hours that a television is on in your house? \_\_\_\_\_

How much television does your child watch per day? \_\_\_\_\_

If your child is presently in school, is his/her general development and academic performance consistent with your expectations?

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# COMMUNITY MONTESSORI SCHOOL

## General Information (con't.)

Has your child done any remedial work, special tutoring, or enrichment classes? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, in what areas and by whom?

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Have any diagnostic evaluations (educational or psychological) been completed for your child? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(We request that a copy of all educational testing or evaluations be included with this application.)*

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Are you aware of any areas in which we might be able to give special help and encouragement to your child?

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Do you have any issues or concerns that pertain to your child?

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CMS has my permission to obtain records from current and prior school(s)  
to be used in a confidential manner as part of the application process.

Parent(s) or Guardian(s) Signature:

Date:

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Community Montessori School has no religious affiliations and admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational or admissions policies. CMS is a Florida not for profit corporation and recognized as tax exempt as a 501(C)(3) organization under the Internal Revenue Code.



**REQUEST FOR RECORDS**

Student \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

The student listed above has applied for enrollment in our school. Please send all academic records, intellectual/psychological evaluations and health/immunization records as soon as possible. The signature below will confirm that the parent has given us permission to request these records.

*This is to authorize* \_\_\_\_\_  
(Name of school providing student records)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*to release the records of the student named above to:*

**Community Montessori School  
4930 Webb Road  
Tampa, FL 33615  
(813) 886-2050  
OR Fax (813) 885-2944**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date