



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 3-6)	_____	Upper Elementary (ages 9-12)	_____
Primary Full-Day (ages 3-6)	_____	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: CWW____ YSP____ MDS____	e-mail election: Y N	Payment Plan: E S M Special
Wait List: Y N Deposit Date: _____		Gardiner FTC McKay

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? _____

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

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

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

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

Date(s) of Attendance:

Teacher Name

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?

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

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

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?

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?

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

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.

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

How does your child respond to frustration?

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

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

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

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?

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?

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?

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.)

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

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

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:

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.