

Child's Name _____ Male Female
First Middle Last Calling Name Birth Date

Home Address _____
City State Zip Code Phone Number

What date would this child be available to start? _____ Is another child in your family applying? Yes No

Have you observed at Three Tree Montessori School? * Yes No If yes, on what date? (month/year) _____

*Observation is required before applying for admission.

Desired Program (please check one):

- Half Day Toddler: 9 am - 12:30 pm (1 - 3 years)
- Full Day Toddler: 9 am - 3:15 pm (1 - 3 years)
- Elementary: 8:30 am - 3:30 pm (6 - 12 years)
- Half Day Primary: 9 am - 12:30 pm (2 ½ - 6 years)
- Full Day Primary: 9 am - 3:15 pm (2 ½ - 6 years)

AM/PM Care Toddler Program hours including AM/PM Care: 8 am - 5 pm; Primary & Elementary hours including AM/PM Care: 7 am - 6 pm.

- We **will not** need AM or PM Care
- We **will need** AM Care approximate drop-off time: _____
- We **will need** PM Care approximate pick-up time: _____

Upon enrollment, the following contact information will be used for the Family Directory unless otherwise indicated:

Parent/Guardian Full Name _____

Home Address (if different from student)

Phone Number _____

Email _____

Occupation _____

Parent/Guardian Full Name _____

Home Address (if different from student)

Phone Number _____

Email _____

Occupation _____

Please do not include our family information in the School Directory.

Names and ages of siblings (please include current school) _____

To whom should billing be sent if other than above? _____

How did you hear about Three Tree Montessori School? _____

The following information will help us to get to know your child better.

What are your educational goals for your child? How do you see Three Tree Montessori School facilitating these goals?

What role can we expect the child's parent(s)/guardian(s) to play in facilitating these educational goals?

Does your child have any hobbies, sports, or special interests, or unusual capabilities or talents?

How do you see your child in her/his social and emotional development?

Does your child have an education or background in a language other than English?

Is your child's general development & academic performance in her/his present school consistent with your expectations?

Has your child had any remedial work, special tutoring, or enrichment classes during the past 2 years? If so, in what academic area?

Is there any significant medical history about which we should be aware and/or have any diagnostic evaluations (educational or psychological) ever been completed for your child? Please give details. Please request that a copy of educational testing or evaluations be sent to us.

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

For new applicants, a non-refundable application fee of \$75 must accompany this application (only one application fee due per family).

Signature of Parent / Guardian: _____ **Date:** _____

Signature of Parent / Guardian: _____ **Date:** _____