



For office use only

Date Received _____

App. Fee Paid _____

CSM HOMESCHOOL ENRICHMENT PROGRAM APPLICATION

Please check: Fall _____ Mon/Tues _____ Wed/Thurs _____
Spring _____ Mon/Tues _____ Wed/Thurs _____

Child's Full Name (First, Middle, Last) _____ Sex: ____M ____F
DOB (MM/DD/YY) _____

Home Address (Residence of Child) _____ City _____ State _____ Zip Code _____

(_____) _____
Primary Phone

Child Lives With _____

Mother/Guardian Full Name

Father/Guardian Full Name

Home Address (if different from child)

Home Address (if different from child)

Email Address

Email Address

Phone Number

Phone Number

Names of Siblings

Age

Signature of Parent/Guardian

Date

There is a non-refundable Application Fee of \$50.00 due upon return of this application.

*Cool Springs Montessori does not discriminate in enrollment on the basis of race, national origin, or religion. We do not screen children through testing.
We are committed to serving children whose parents support our values and philosophy*

About Your Child:

Please list any medical conditions, including allergies, of which the school should be aware:

Does your child have any previous experience in a Montessori classroom? How long has he/she been homeschooled?

Please describe your child's educational experience thus far. What has been successful? What has been challenging?

Does your child have any special challenges (educational, medical, or psychological) that may affect his/her school experience? If so, please describe them here or request a meeting with the Education Director.
