



For office use only Date Received: _____ Date Enrolled: _____ Reg. Fee Paid: _____ Immun. Rec'd: _____ Date Withdrawn: _____
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APPLICATION FOR PRIMARY ADMISSION

Date of Application _____ For Enrollment Beginning _____

Program: (please check one)

Half Day (8:30a.m. – 12:00p.m.)

Five Days (Mon-Fri) _____

Full Day (8:30a.m. – 3:30p.m.)

Four Days (Tues – Fri) _____

Five Days _____

Year-Round Extended Day (7:30a.m. – 6:00 p.m.)

Five Days (Mon-Fri) _____

Sex: ___M ___F

Child's Full Name (First, Middle, Last)

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)

Employer & Occupation

Employer & Occupation

Email Address

Email Address

(____) _____

Phone Number

(____) _____

Phone Number

Names of Siblings

Age

Current School

There is a non-refundable application fee of \$100.00 due upon return of this application.

This document constitutes an application for admission and acceptance of the application by Cool Springs Montessori in no way binds or obligates the school to accept the student for whom the application is made. The selection of applicants each year shall be in the sole and absolute discretion of Cool Springs Montessori. Application is made to the school and placement of the students in the classes with particular teachers will be made through careful consideration of the needs of the individual child and the composition of the classes.

Is your child toilet trained? _____yes _____ no

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

Please list all schools your child has previously attended:

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

Why do you feel that CSM is an appropriate choice for your family?

What aspects of the Montessori philosophy are most appealing to you?

What are your educational goals for your child? How do you see CSM facilitating those goals? What role can we expect the child's parent(s)/guardian(s) to play in facilitating this child's educational goals?

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

How did you hear about Cool Springs Montessori?

Signature of Parent/Guardian: _____ Date: _____

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.