

For office use only
Date Received
Date Enrolled
Reg. Fee Paid
Immun. Rec'd
Date Withdrawn

## APPLICATION FOR ADMISSION

Date of Application	For Enrollment Beginning				
Program: (Please Check One) Half Day (8:30 a.m 12 p.m.) Full Day (8:30 a.m. – 3:30 p.m.) Kindergarten (8:30 a.m. – 3:30 p.m.) Year Round Extended Day (7:30 a.m. – 6 p.m.)					
Child's Full Name (First, Middle, Last)		. <u> </u>	DB (MM/DD/YY)	_ Sex: _	MF
Home Address (Residence of Child)		City		State	Zip Code
() Primary Phone	-	Child L	ives 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	ol	

## There is a non-refundable application fee of \$75.00 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.

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.

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.