

Preschool Application for Admission 2023 - 2024 School Year

Child's Full Name	Birth Date		
Home Address	City	State	Zip
Age as of August 31, 2023: $\ \square$ male	e □ female	Is a sibling applying	ng? □ yes □ no
Program applying for: Halftime, 8:30AM to 1PM Fulltime, 8:30AM to 2:45PM			AM to 2:45PM
** Due to limited space available, a non-refundable deposit of \$150 is required to hold a space for the upcoming school year. The deposit must be paid within 14 days of application and will be applied towards the material and snack fee.			
Parent/Guardian Full Name	Parent/Guard	dian Full Name	
Home Address if different from student's	Home Addre	Address if different from student's	
Phone	Phone		
Home Cell	Home	Cell	
e-mail	e-mail		
Occupation:	Occupation:		
Work phone:	Work phone:		
Name of Business:	Name of Busi	ness:	
If parents' addresses are not the same, where does the child reside?			

Does your child have:	
Special Education Needs? Yes	sNo
Emotional Needs? Yes	No
Social/Behavioral Needs? Yes	s No
Does your child have learning difficulties or disa	bilities? Yes No
If yes, please explain:	
Parent/Guardian Questionnaire	
You will be encouraged to visit the School for a To action. Notice the freedom of choice, movement, a individual in the prepared environment. Investigate environment, the child, and the dedicated teacher	ssertion of independence and attention to the tet the dynamic link between the highly prepared
What are your expectations of the school that yo	ou choose for your child?
The Montessori Method is a holistic approach to t his/her maximum potential. At Island Montessori individual and valued for the gifts and talents he/	
Describe your child's gifts, talents, personality, to	emperament, and learning style:
I/We have enclosed the \$100 application fee and under permission to Island Montessori School to request my chis/her/their current school. I/We state that the above understand that providing false information above may	child(ren)'s school records and evaluations from information is correct to the best of our knowledge. I/We
Parent/Guardian Signature	
Parent/Guardian Signature	Date