



Preschool Application for Admission

Child's Full Name _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Age as of August 31, 2022: _____ male female Is a sibling applying? yes no

Program applying for: **Halftime**, 8:30AM to 1PM **Fulltime**, 8:30AM to 2:45PM

**** Due to limited space available, a non-refundable deposit of \$135 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/Guardian Full Name
Home Address if different from student's	Home Address if different from student's
Phone Home Cell	Phone Home Cell
e-mail	e-mail
Occupation: Work phone: Name of Business:	Occupation: Work phone: Name of Business:

If parents' addresses are not the same, where does the child reside? _____

How did you learn about Island Montessori School? _____

What is the primary language spoken in your home? _____

Other language(s): _____

Are there any chronic health concerns of your child? ____ Yes ____ No

Is yes, please explain: _____

Does your child have:

Special Education Needs? ____ Yes ____ No

Emotional Needs? ____ Yes ____ No

Social/Behavioral Needs? ____ Yes ____ No

Does your child have learning difficulties or disabilities? ____ Yes ____ No

If yes, please explain: _____

Parent/Guardian Questionnaire

You will be encouraged to visit the School for a Tour or an Open House to observe the philosophy in action. Notice the freedom of choice, movement, assertion of independence and attention to the individual in the prepared environment. Investigate the dynamic link between the highly prepared environment, the child, and the dedicated teacher.

What are your expectations of the school that you choose for your child?

The Montessori Method is a holistic approach to the education of each individual child to help fulfill his/her maximum potential. At Island Montessori School, each child is respected as a unique individual and valued for the gifts and talents he/she brings to the classroom and community.

Describe your child's gifts, talents, personality, temperament, and learning style:

I/We have enclosed the \$50 application fee and understand that this fee is non-refundable. I/We give permission to Island Montessori School to request my child(ren)'s school records and evaluations from his/her/their current school. I/We state that the above information is correct to the best of our knowledge. I/We understand that providing false information above may lead to the dismissal of my/our child(ren).

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

