

Date Received: \_\_\_\_\_

# Generations Montessori School

## STUDENT APPLICATION

2018-2019 School Year

Thank you for your interest in Generations Montessori School. This application is the first step on your way to enrollment at GMS. When your application is complete, you will be contacted to schedule an interview.

### ELIGIBILITY

For the 2018-2019 School Year, Generations Montessori School is offering 3 enrollment options: Infant Class, Toddler Class, 3-6 Class. The infant class is open to students between the ages of 2 and 20 months old. Students born between January 1, 2017 and July 1, 2018 are eligible for the 2018-2019 infant class. The toddler class is open to students 21 months – 3 years old. Students born between September 1, 2015 and December 31, 2016 are eligible for the 2018-2019 toddler class. Students looking to enroll in the 3-6 classroom should be between 3 and 5 years old at the start of the 2018-2019 school year. To be considered, all completed applications must be submitted with the \$50 non-refundable application fee. All checks should be made payable to “Generations Montessori School.” Once your completed application has been received, you will be contacted within two weeks to set up an informal interview to acquaint you with the program and allow you to observe the learning environment.

☐ I have read the Generations Montessori School Parent handbook and agree to support the policies outlined herein while my child is enrolled at Generations Montessori School.

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT INFORMATION

Child's Name: \_\_\_\_\_ Nickname(s): \_\_\_\_\_

Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Previous child day care programs and schools attended (if any): \_\_\_\_\_

### PARENT INFORMATION

Parent/Legal Guardian

Name: \_\_\_\_\_ Place of Work/Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

Parent/Legal Guardian

Name: \_\_\_\_\_ Place of Work/Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

What type of care are you looking for (please check one)?

**Infant Program**

☐ Half-Day (9:00AM – 12:00PM)

☐ Full-Day (9:00AM – 5:00PM)

**Toddler Program**

☐ Half-Day (9:00AM – 12:00PM)

☐ Full-Day (9:00AM – 5:00PM)

**3-6 Program**

☐ Half-Day (9:00AM – 12:00PM)

☐ Full-Day (9:00AM – 5:00PM)

How did you hear about Generations Montessori School?

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What is it about Generations Montessori School that appeals to you?

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Please describe your child's personality/temperaments, likes and dislikes, strengths and weaknesses, fears, etc.

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What are your child's special interests and activities at this time?

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Is there anything you would like us to know about your child?

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