

Application Form

This application is hereby made for my child to attend the Angel Care Montessori Program in the Academic year of

Angel Care
MONTESSORI

Child's Info *(if you have more children to add, please duplicate this form)*

First Name Last Name

Date of Birth Nickname

Street

City State Zip

Home Tel: Emergency Telephone Mother

Emergency Telephone Father

Child is left / right handed Language(s) spoken at home

Is child adopted? yes no Does child live with both parents?

Name of adult who cares for child regularly relationship

(if you have more children to add, please duplicate this form)

Parent I

First Name Last Name

Occupation/Title Firm Name

Work Contact Info

Street

City State Zip

Tel Email

Address *(if different than applicant)*

Street

City State Zip

Parent II

First Name Last Name

Occupation/Title Firm Name

Work Contact Info

Street

City State Zip

Tel Email

Address *(if different than applicant)*

Street

City State Zip

Office use only:

Application Fee PD Parent Visit Paperwork Rcvd. Child Visit Acceptance Letter Sent

Program

PrePrimary Program* (2 yrs. - 5 yrs.) Morning

**children are expected to be potty trained if 3 yrs. by September start date* 8:30 a.m. - 12:25 p.m.

Background Info

Child's previous school/group care experience (include play groups, art, music, dance, etc.):

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Name of Institution/Address

Teacher or Director and Period Attended

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Other children in applicant's family : Name Age Relation

Does your child have any allergies or medical issues? Yes No *If yes, please explain.*

(Please identify any health situations we should know about, such as therapies (physical and psychological), and medications.

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What special interests, needs, activities or abilities has your child demonstrated?

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Please comment on your reasons for applying to the Angel Care Montessori Program for your child and how you heard about our program.

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Do you know anyone presently enrolled in Angel Care Montessori?

The Angel Care Program is not a not-for-profit corporation whose policies are set and overseen by an appointed Board. It is the policy of Angel Care not to discriminate on the basis of age, religion, sexual orientation, race, color, and national or ethnic origin. Any questions in this regard should be directed to the Head of Program.

Please return your completed Application Form with your non-refundable application fee of \$75.00

I/We certify that the information presented with this application is accurate, complete and honestly presented. I/We also certify that, to the best of my/our knowledge, that any information submitted is authentic, including letters of recommendation. I/We understand and agree that any intentionally inaccurate information, misleading information, or omission will, if discovered at a later date, be cause for rescision of any offer of admission, or for discipline, including termination of the child's status as a student.

Date Parent I/Guardian Signature Parent II/Guardian