

Application for Admission into the **Toddler Program** \$50 Non-Refundable Application Fee Required

Applying for 2 Day Program **OR** 3 Day Program (Please circle one)

Child's Full Name:		
Nickname:	Birthdate:	Sex:
Child's Home Address:		
Child's Home Phone:		
Does your child have any med	ical conditions/al	lergies/ food sensitivities that we should be award
of?		
Mother Name:		<u>Father</u> Name:
		Phone 1:
Phone 2:		Phone 2:
Occupation:		Occupation:
Employer:		Employer:
Email:		Email:
Education:		Education:
Parents/Guardians are:		
Married	Separate	edDivorced
Domestic Partners	Single P	arentWidowed
With whom is the child living?		
Who is the child's legal guardi	an?	
Who is financially responsible	for the child's tui	tion?
For Office Her Only Date P	Г.	Taure C.

_ Letter Sent: __

_____ Enrollment Rec.: ___

Name and address to be used for	r billing:	
What language(s) do you speak a Please list the names and relatio living with the child.	nship of all parents and	or significant adult family members
iiving with the time.		
Siblings: Name	Date of Birth	School and Grade
	_	Please specify (approximate number of
How does your child react to sep	parating from parents a	nd/or caregivers?
		ave any members of your family ever
Why are you interested in having	g your child attend Gali	lee Montessori School?
Describe your child's personality	у	
_	, psychological, or educ	n regards to your child that we should be ational. Yes No (If yes, please
Do you have any questions for us	s?	
Parent Signature:		Date: