



# Application For Admission

*Please attach a recent photograph of your son or daughter.*

Today's Date: \_\_\_\_\_

For enrollment beginning: \_\_\_\_\_

Application for admission to:  Toddler  Primary

Full-time (5 days)

Half-day (5 days)

Part-week (circle preferred days: MTW RF MT WRF)

Student's full name \_\_\_\_\_ Gender \_\_\_\_\_

Name student prefers to be called: \_\_\_\_\_

Place of Birth \_\_\_\_\_ D.O.B./Due Date \_\_\_\_\_ Age in September \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

*Correspondence should be addressed to:*

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are both parents living?  yes  no

If so, status of parents:  Married  Domestic Partners  Separated  Divorced  Other

If separated or divorced, who has custody of the child? \_\_\_\_\_

Child lives with:  Both parents  Parent 1  Parent 2  Other: \_\_\_\_\_

Parent #1's Full Name: \_\_\_\_\_

Parent #2's Full Name \_\_\_\_\_

Parent #1 prefers to be called: \_\_\_\_\_

Parent #2 prefers to be called: \_\_\_\_\_

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

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

Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_

Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_

(cell) \_\_\_\_\_ (pager) \_\_\_\_\_

(cell) \_\_\_\_\_ (pager) \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Colleges attended and degrees: \_\_\_\_\_

Colleges attended and degrees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Click above to add image of applicant.

**Please note: Montessori Centre does not enroll students who are not up-to-date on their immunizations.**

Name of Applicant's Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Name and age of siblings: \_\_\_\_\_

Schools siblings attend: \_\_\_\_\_

**Grandparents:**

**Grandparents:**

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

How did you learn about Montessori Centre? \_\_\_\_\_

\_\_\_\_\_

Name(s) of friends and/or relatives who have attended Montessori Centre:

\_\_\_\_\_

Applicant's present school: \_\_\_\_\_

Enrolled since: \_\_\_\_\_ Address: \_\_\_\_\_

School phone: \_\_\_\_\_ Teacher or Advisor: \_\_\_\_\_

Please list all previous schools the applicant has attended (include addresses, phone numbers, and years attended): \_\_\_\_\_

\_\_\_\_\_

Have you been asked to withdraw your child from another school setting for any reason? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does the applicant currently take a bottle? \_\_\_\_\_ Does the applicant currently eat baby food? \_\_\_\_\_

Does the applicant suck his/her thumb? \_\_\_\_\_ If yes, during the day, while sleeping, or both? \_\_\_\_\_

Does the applicant use a pacifier? \_\_\_\_\_ If yes, during the day, while sleeping, or both? \_\_\_\_\_

Has the applicant had any form of achievement, intelligence, or psychological testing? \_\_\_\_\_

Name of test \_\_\_\_\_ Administered by: \_\_\_\_\_

Describe the applicant's general health \_\_\_\_\_

Is the applicant walking? \_\_\_\_\_ Does s/he have any physical handicaps, special needs or allergies that would limit his/her participation in the full range of school activities? \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_

Has the student ever suffered any serious injury or illness? \_\_\_\_\_

Is the applicant under the care of a physician, psychiatrist, or psychologist? If so, please describe briefly:

The admissions process at Montessori Centre is designed to determine the fit between your family and our program. Please answer the following questions thoughtfully, and as they apply to your family.

Please describe a typical weekday day, including with whom your child spends time and the types of activities in which he or she engages:

Please describe a typical weekend day, including with whom your child spends time and the types of activities in which he or she engages:

How would you describe your child's temperament? How is it similar or different from his or her parents?

What is child's preferred setting for socialization (large group, one-on-one, prefers adults, prefers children, prefers quiet, prefers noise)?

Why are you choosing to pursue a Montessori education for your child?

How would you describe your son or daughters learning style?

What delights you most about your child?

What challenges you most about your child?

Will you be in need of extended care for your child?

- I do not need extended care for my child
- Before care beginning at 7:15 a.m.
- After care extending until 5:30 p.m.

- occasionally
- daily

**A nonrefundable application fee of \$75.00 must be submitted with this application.**

I have read and responded to the questions on this application to the best of my knowledge and ability. I understand that this application will be used in the consideration of admission to Montessori Centre and as a release for the Centre to obtain other relevant information.

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Signature of parent or guardian - type name as /First Last / to sign

Date

Please return completed application and \$75 application fee to:

**Montessori Centre  
4608 Granny White Pike  
Nashville, Tennessee 37220**

**615.373.0897 phone  
615.373.0892 fax  
[www.montessoricentre.org](http://www.montessoricentre.org)**