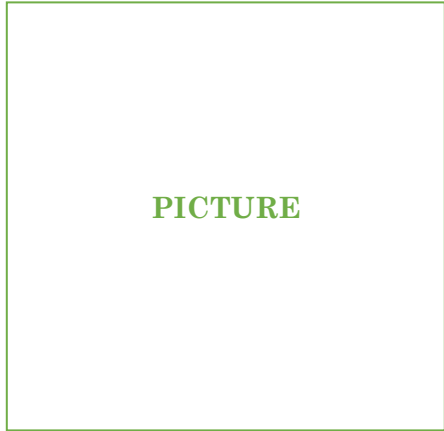




ELEMENTARY MONTESSORI



APPLICATION FOR ADMISSION

Child's Name: _____

Age: _____ Birthdate: _____

Please provide a copy of the birth certificate with this application.

Mother's Name: _____

Home Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Procare: 1st Set of 4 Numbers ____ 2nd set of 4 Numbers ____

Place of Employment: _____ Business Phone: _____

Father's Name: _____

Home Address (if different from above):

City, State, Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Procare: 1st Set of 4 Numbers ____ 2nd Set of 4 Numbers ____

Place of Employment: _____ Business Phone: _____

List other children in the family:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

In case of emergency, if neither mother nor father can be reached, whom should the school contact? Please include telephone number and cell phone number. This information is required by the State.

Name _____

Phone Number: _____

In case of emergency, I accept the school's own arrangements for emergency care. Please sign and date.

Parent or guardian _____

Date _____

Please complete reverse side

Which program(s) are you applying for?

PRIMARY SCHOOL

Half Day 8:00-1:00 _____

Full Day 8:00-3:15 _____

Extended A.M. 7:00-8:00 _____

Extended P.M. 3:15-6:00 _____

ELEMENTARY SCHOOL

Grade _____

Full Day 8:30-3:45 _____

Extended A.M. 7:00-8:30 _____

Extended P.M. 3:45-6:00 _____

Starting Date: _____ Teacher Preference: _____

SUMMER CAMP ONLY _____

Please enclose a non-refundable \$100.00 application fee. Initial acceptance is for a period of 30 to 90 days; final acceptance is contingent upon satisfactory performance during this period.

The Skinner Elementary Montessori School does not discriminate on basis of race, religion, creed, or sex with respect to student rights or privileges, admission policies, educational policies, or employment of staff.