



For office use only

Date Received _____
 Date Enrolled _____
 Reg. Fee Paid _____
 Immun. Rec'd _____
 Date Withdrawn _____

APPLICATION FOR TODDLER ADMISSION

Date of Application _____

For Enrollment Beginning _____

Program: (please check one)

Half Day (8:30 a.m. – 12:00 p.m.) Three Days (Wed – Fri) _____ Four Days (Tues – Fri) _____ Five Days _____
 Full Day (8:30 a.m. – 3:30 p.m.) Three Days (Wed – Fri) _____ Four Days (Tues – Fri) _____ Five Days _____
 Year Round Extended Day (7:30 a.m. – 6:00 p.m.) Monday-Friday _____

 Child's Full Name (First, Middle, Last)

 Sex: ____M ____F
 DOB (MM/DD/YY)

 Home Address (Residence of Child) City State Zip Code

(_____) _____
 Primary Phone

 Child Lives With

 Mother/Guardian Full Name

 Father/Guardian Full Name

 Home Address (if different from child)

 Home Address (if different from child)

 Employer & Occupation

 Employer & Occupation

 Email Address

 Email Address

 Phone number

 Phone number

Names of Siblings	Age	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

There is a non-refundable application fee of \$75.00 due upon return of this application.

This document constitutes an application for admission and acceptance of the application by Cool Springs Montessori in no way binds or obligates the school to accept the student for whom the application is made. The selection of applicants each year shall be in the sole and absolute discretion of Cool Springs Montessori. Application is made to the school and placement of the students in the classes with particular teachers will be made through careful consideration of the needs of the individual child and the composition of the classes.

Please list any medical conditions, including allergies, of which the school should be aware.

Please list all schools/child care facilities your child has previously attended:

Please describe your child's school/child care experience thus far. What has been successful? What has been challenging?

Why do you feel that CSM is an appropriate choice for your family?

What aspects of the Montessori philosophy are most appealing to you?

What are your educational goals for your child? How do you see CSM facilitating those goals?

What role can we expect the child's parent(s)/guardian(s) to play in facilitating this child's educational goals?

Does your child have any special challenges (educational, medical or psychological) that may affect his/her school experience? If so, please describe them or request a meeting with the Education Director.

How did you hear about Cool Springs Montessori?

Signature of Parent/Guardian _____

Date: _____

Cool Springs Montessori does not discriminate in enrollment on the basis of race, national origin, or religion. We do not screen children through testing. We are committed to serving children whose parents support our values and philosophy.