



For office use only
Date Received _____
App. Fee Paid _____

**CSM HOMESCHOOL ENRICHMENT PROGRAM APPLICATION
2018 - 2019 SCHOOL YEAR**

Please check: Fall 2018 _____ Mon/Tues _____ Wed/Thurs _____
 Spring 2019 _____ Mon/Tues _____ Wed/Thurs _____

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)

Email Address _____
Email Address

Phone Number _____
Phone Number

Names of Siblings Age

Signature of Parent/Guardian _____
Date

There is a non-refundable Application Fee of \$50.00 due upon return of this application.
*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.*

About Your Child:

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

Does your child have any previous experience in a Montessori classroom? How long has he/she been homeschooled?

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

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