



<b>For office use only</b>
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Date Withdrawn _____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.)

Four Days (Tues – Fri) \_\_\_\_\_

Five Days \_\_\_\_\_

Full Day (8:30 a.m. – 3:30 p.m.)

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)

\_\_\_\_\_  
DOB (MM/DD/YY)

Sex: \_\_\_\_ M \_\_\_\_ F

\_\_\_\_\_  
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

\_\_\_\_\_

\_\_\_\_\_

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**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.

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

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

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

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

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

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

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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.

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How did you hear about Cool Springs Montessori?

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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.***