

Preschool Application for Admission 2023 - 2024 School Year

Child's Full Name			Date of Birth	
Home Address Ci	ty	State	Zip	
Age as of August 31, 2023: □ male □ female		Is a sibling applying? □ yes □ no		
Program applying for: Halftime, 8:30AM to 1PMFulltime, 8:30AM to 2:45PM				
** Due to limited space available, a non-refundable deposit of \$150 is required to hold a space for the upcoming school year. The deposit must be paid within 14 days of application and will be applied towards the material and snack fee.				
Parent/Guardian Full Name		Parent/Guardian Full Name		
Home Address if different from student's	Home Address if different from student's			
Phone Home Cell	Phone Home		Cell	
e-mail	e-mail			
Occupation:	Occupation:			
Work phone:	Work phone:			
Name of Business:	Name of Business:			
If parents' addresses are not the same, where does the child reside?				
How did you learn about Island Montessori School?				
What is the primary language spoken in your home?				
Other language(s):				
Are there any chronic health concerns of your child? Yes No				
Is yes, please explain:				

Does your child have:	
Special Education Needs? Yes No	
Emotional Needs? Yes No	
Social/Behavioral Needs? Yes No	
Does your child have learning difficulties or disabilities? _	Yes No
If yes, please explain:	
Parent/Guardian Questionnaire	
You will be encouraged to visit the School for a Tour or an O action. Notice the freedom of choice, movement, assertion of individual in the prepared environment. Investigate the dynamic environment, the child, and the dedicated teacher.	f independence and attention to the
What are your expectations of the school that you choose	for your child?
The Montessori Method is a holistic approach to the education his/her maximum potential. At Island Montessori School, earlindividual and valued for the gifts and talents he/she brings	ich child is respected as a unique
Describe your child's gifts, talents, personality, temperame	ent, and learning style:
I/We have enclosed the \$100 application fee and understand that permission to Island Montessori School to request my child(ren)'s his/her/their current school. I/We state that the above information understand that providing false information above may lead to the	school records and evaluations from n is correct to the best of our knowledge. I/We
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date