New Student Enrollment Application

Child Information (Please Print)

Child's Last Name: _____ First Name: _____ M.I. _____

Child's Gender: M   F   Child's Date of Birth: _____/_____/_____

Child primarily lives with: _____ Parent 1   _____ Parent 2   _____ Both

Does your child have a sibling(s) currently **enrolled** at Arcadia Montessori? _____ Yes _____ No

If yes, **name(s)** and **age(s)** of siblings: _____

Parent Information (If separate households, please check parent to be billed.)

1st Parent Name: _____

Address: _____

City:_____ State: _____ Zip Code: _____

Email Address: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____

Employer: _____ Position: _____

2nd Parent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____Cell Phone: _____

Work Phone: _____ Other Phone: _____

Employer: _____ Position: _____

School/ChildCare Information

Is your child currently or previously been enrolled in preschool/childcare? _____

Name of current or former preschool/childcare? _____

Did the staff express any concerns regarding your child? _____

If so, what were they? _____

Has your child ever been asked to leave a school/childcare? _____

If so, why? _____

Special Needs Information

In order to best serve your child, it is imperative that you complete this section accurately.

Has your child ever received special services for any of the following?

___ Speech/Language   ___ Developmental Delays   ___ Behavioral Support

Is your child currently receiving special services for any of the following?

___ Speech/Language   ___ Developmental Delays   ___ Behavioral Support

If yes to either questions, please explain:

_____

_____

_____

_____

I plan on enrolling my child in the following program: (please check one)

Toddlers

____ Half Day   ____Full Day   ____ Extended Care
    8:00 – 12:00   7:30 – 3:00   7:30 – 5:30

Primary

____ Half Day   ____ Full Day   ____ Extended Care
    8:00 – 12:00   7:30 – 3:00   7:30 – 5:30

*Desired start date:*_____

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1. **Initials** _____ I understand that my application fee is nonrefundable and expires a year from the date below.

2. **Initials** _____ I understand that my child is being placed on a waiting list and I cannot be guaranteed a specific start date nor time frame. I will be notified when a position becomes available.

3. **Initials** _____ I understand that siblings of current students are placed first and that certain factors such as gender and date of birth may determine placement.

Parent Name: _____

Parent Signature: _____ Date: _____

For Administrative Use Only

Date Application Received: _____   Staff Initials: _____   Pd. Registration: _____

Date of Placement: _____ Classroom Assignment: _____ First Day: _____

Notes: _____

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