

Clementine Montessori Schoo

Application for Admissions

Child's Name:	Sex:
Birthdate:	
Address:	
Name of Parent:	
Address:	
Telephone:	Email:
Occupation:	
Workplace Name and Address:	
Workplace Telephone:	
Name of Parent:	
Address:	
Telephone:	Email:
Occupation:	
Workplace Name and Address:	
Worplace Telephone:	
Sibling's Name:	Date of Birth:
Additional Siblings:	Date of Birth:
School year for which you are applying? 20 20	-
Please mark one program for which you are applying:	
Primary	Kindergarten
Half-Day (8am-12pm, M-F)	Full Day (8am-3pm, M-F)
Full-Day (8am-3pm, M-F)	Extended Day (8am-5:30pm, M-F)
Extended Day (8am-5:30pm, M-F)	
I/We recognize that potty training and toilet independence are	required in order to attend CMS
Does your child currently currently attend a program? Yes	No If so, where? What days/hours?



How did you find out about Clementine Montessori School? What were the main factors in your decision to apply?

Are you familiar with the Montessori Philosophy of Education? Have you had experience with the Montessori method?

Describe your child's personality. What can you tell us about his/her learning style?

What do you see as your child's greatest strengths? What is he/she currently working on?

What are your hopes and dreams for your child?

Tell us about any skills, hobbies, talents, interests, or resources you are willing to share with the Clementine community.

Would you like to be a member of our Clementine Parent Association, Board of Trustees or share your talents within the classroom?

19103 d agree to abide by the rules and
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citizenship status, age, disability or any other legally protected class status.