



Established in 1971

## APPLICATION FOR ADMISSION

*A \$100 Application Fee is due upon submission of the application.*

*Please attach a recent photograph of your child.*

**Please choose the program for which you are applying:**

\_\_\_ Primary (15 mos. – 3 years)

\_\_\_ Transitional Kindergarten & Kindergarten (3 years – 6 years)

**Please choose one of the following preferences:**

\_\_\_ Extended Care/12 months (7+ hours/day, year-round)

\_\_\_ Extended Care/ 9 months (7+ hours/day, September through May)

\_\_\_ School Day/ 12 months (8:30-2:30, year-round)

\_\_\_ School Day/ 9 months (8:30-2:30, September through May)

**Start Date Preference (month/year):** \_\_\_\_\_

**STUDENT INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**FAMILY INFORMATION:**

**Mother's Name:** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address if different from Child's: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Email Address : \_\_\_\_\_ ( please print)

**Father's Name:** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address if different from Child's \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Email Address : \_\_\_\_\_ ( please print)

Marital Status: \_\_\_\_\_Married \_\_\_\_\_Separated \_\_\_\_\_Divorced \_\_\_\_\_Single Parent  
If separated or divorced, with whom does the child reside? \_\_\_\_\_

Please list any sibling/ages: \_\_\_\_\_

Please list any previous enrollment in pre-school/child care/special activities (Gymboree, etc.).  
and age during attendance:

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\* **HOW DID YOU HEAR ABOUT US?**

- |   |  |
|---|--|
| <input type="checkbox"/> website                        | <input type="checkbox"/> Little Ones Magazine      |
| <input type="checkbox"/> Internet search                | <input type="checkbox"/> Charlotte Parent Magazine |
| <input type="checkbox"/> word of mouth from a COLLEAGUE | <input type="checkbox"/> dropped by school         |
| <input type="checkbox"/> word of mouth from FAMILY      | <input type="checkbox"/> walked in                 |

referral from CURRENT family

*(Include the family name, we like to thank those who recommend us.)* \_\_\_\_\_

referral from ALUMNI family

*(Include the family name, we like to thank those who recommend us.)* \_\_\_\_\_

other

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Please describe why you have chosen Charlotte Montessori School and the Montessori  
Method for your child's early education:

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Please give any information (special interests, fears, likes/dislikes, skills, etc.) that you feel  
would aid us in getting to know your child:

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**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Students are admitted without regard to race, religion, sex, or national origin.*