

School Application

Creative Montessori Preschool

CHILD'S INFORMATION		Preferred Start Date:	
Full Name:	Date of Birth:	Gender:	
Home Address:	City:	Zip Code:	
Home Phone:	Child Resides With:		
Preferred Name:	Potty Training Status:		
MOTHER'S/GUARDIAN'S INFORMATION			
Full Name:	Relationship to Child:		
Employer:	Occupation:		
Work Phone:	Cell Phone:		
Email Address:			
FATHER'S/GUARDIAN'S INFORMATION			
Full Name:	Relationship to Child:		
Employer:	Occupation:		
Work Phone:	Cell Phone:		
Email Address:			
Has your child attended other preschools or daycare programs in the past? If yes, please describe:			
How did you hear about our school? Were you referred? If yes, please list the name of the person.			

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CLASS SCHEDULES

Please **place a check mark** by the schedule that you would like your child to attend.

FULL DAY PROGRAM			
	5 Full Days	Monday through Friday	7:00 AM—6:00 PM
	3 Full Days	Monday, Wednesday, Friday	7:00 AM—6:00 PM
	2 Full Days	Tuesday and Thursday	7:00 AM—6:00 PM

PART DAY PROGRAM			
	Mornings	Monday through Friday	7:00 AM—12:30 PM
	Afternoons	Monday through Friday	1:00 PM—6:00 PM

Parent/Guardian Signature:		Date:
<p>Thank you for applying at Creative Montessori Preschool! We will contact you as soon as we receive your application form. If you have any questions, please reach out at anytime.</p>		

For Office Use Only		
Director Signature:	Date Received:	Payment:
Waitlist:	Notes:	