

For Office Use Only:

Date Received _____

Pmt & Method _____

Acknowledge Receipt _____



ENROLLMENT APPLICATION

Submit completed application and \$100 Application Fee to Charles Towne Montessori School

Toddler (15m-3y)	<input type="checkbox"/>	Primary (3y - 6y)	<input type="checkbox"/>	Elementary (1st - 6th grades)	<input type="checkbox"/>
Full day 8am to 3pm	<input type="checkbox"/>	Full Day 8am to 3pm	<input type="checkbox"/>	8am to 3:15pm	<input type="checkbox"/>
Half Day 8am to 12pm	<input type="checkbox"/>	Half Day 8am to 12pm	<input type="checkbox"/>		

For Enrollment in

August:

January:

Year:

Before School Care

Yes

No

After School Care

Yes

No

(7:30am-8:05am)

(3:30pm-5:30pm)

Child's Full Name	<input type="text"/>	D.O.B	<input type="text"/>	Sex	<input type="text"/>
Home Address	<input type="text"/>			Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Home E-mail Address	<input type="text"/>				
Mother's Full Name	<input type="text"/>			Cell #	<input type="text"/>
Mother's Occupation /Employer	<input type="text"/>				
Father's Full Name	<input type="text"/>			Cell #	<input type="text"/>
Father's Occupation/ Employer	<input type="text"/>				

Please indicate previous Montessori or other schooling/child care

Dates attended

Please indicate length of intended stay at CTM:

To Age 3

To Age 6

To age 12

To Age 15

If other, please explain:

Please indicate which school your child will attend after Montessori

Name

Public

Private

Undecided

How did you learn of Charles Towne Montessori School?

What is your reason for applying to Charles Towne Montessori School?

What are your expectations for your child at Charles Towne Montessori?

How do you expect your child to adjust to school?

How does your child respond to correction or discipline?

Is your child dependent or independent for his or her age?

Is your child partially or completely toilet-trained?

How much screen time does your child have per day? hrs.

List the name and relationship of all other persons living in the child's home

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Is one or both parents away from home for extended periods? Yes No

Is your child regularly cared for by someone other than the parents? Yes No

If so, please explain

Are the child's parents separated divorced or is either parent deceased?

Is there a language other than English is spoken in the child's home? If yes, which?

Was your child adopted? Yes No

Were there any complications at birth? Yes No

If yes, what kind?

Has your child been diagnosed with special needs?

Physical emotional behavioral other

If so, please explain

Has your child been identified as having a learning disability or been given an IEP or ISP by another school?

Yes

No

Does your child require medication during the school day?

Yes

No

If yes, indicate type, dosage and frequency

Parent Signature

Date