



Teaching a Lifelong Love of Learning ...

PRIMARY & TODDLER APPLICATION FORM

Preferred Start Date (depending on availability)			Program Desired (circle one) School Day 9:00 – 2:30 Full Day 7:00 – 6:00		
Student's First Name		Student's Middle Name		Student's Last Name	
Student's Birthdate MM/DD/YYYY	Sex	Please list any Food Restrictions or Allergies			
Student's Current School			School City & State		
Full Name of Mother			Full Name of Father		
Address	City, State	Zip Code	Address	City, State	Zip Code
Mother's Email Address			Father's Email Address		
Mother's Employer			Father's Employer		
Mother's Daytime Phone Number (circle one) W H C			Father's Daytime Phone Number (circle one) W H C		
Does the student currently have a sibling at any Smaller Scholars?			Has the child attended a Montessori school before? Name of school?		

All children regardless of race, color, and creed, national or ethnic origin are eligible for enrollment at Smaller Scholars Montessori Academy.
The Application fee of \$150 (non-refundable) must accompany this application to be considered for enrollment.

Continued on the back...

Parent Signature _____

Parent Signature _____

Office Use Only							
App. Fee	Amt. _____	Complete	Visit _____	Date _____	Status	Accepted _____	Date _____
	Date _____		Orientation _____	Date _____		Declined _____	Date _____
	Ck # _____		Teacher Form _____	Date _____		Wait List _____	Date _____

FAMILY QUESTIONNAIRE

To be filled out within 6 weeks of entry

Child's Name

Today's Date	Has your child been in school before?	If yes, what school did he/she attend? If no, who is the caretaker?	Did your child enjoy school?	What is your child's favorite activity at school?
Does your child prefer to play alone or with other children?	Why did you leave your previous school?	How long did they attend their previous school?	Has your child ever been asked to leave a school?	May we contact your previous school?
Can your child dress/undress himself?	Is your child toilet trained without reminders and independent in the bathroom? If so, for how long?		Does your child sleep in his/her own room? If not, with whom does your child share a room?	
Are there any aspects of your child's development that might limit his/her full potential in our program? Please explain.			How do you discipline your child at home?	
Has your child been diagnosed with any condition that may require special attention or classroom modifications such as any learning disorder, ADHD, etc. Please be forthright. This information is needed to assess how to best meet your child's needs. If yes, is your child being treated? (If your child is accepted we will need documentation as to when and how the diagnosis was made.)				
Does your child have any fears?	What are your child's strengths?	What are your child's weaknesses?		
How would you describe your child?				
Have there been any significant life events or recent changes in your child's life (e.g., divorce, death, new baby, etc.)?	What are your goals for your child while at Smaller Scholars?	Are you familiar with the Montessori Method?		

New students entering the school are accepted on a four-week trial basis.

Upon acceptance, I agree to pay the tuition fee in advance at the first of each month. Statements will not be sent. A late fee of \$20 will be assessed if payment is not received by the 5th business day of the month. I will also read and accept the policies of Smaller Scholars Montessori Academy and release the school, its directors, and staff from any liability for injuries, accidents or illnesses occurring while attending a school program. Upon acceptance, I authorize the school to provide transportation for my child for all school activities when applicable. I also give my permission for my child to participate in water activities when under school supervision. I give permission for any pictures, videos or movies to be taken of my child to be used in accordance with the official signed release form. I will leave my child under the supervision of a staff member and understand that my child will be released only to me or persons that I authorize.

I plan to leave my child at school between the hours of _____ a.m. and _____ p.m.

Parent Initials

** I understand that there will be no tuition deductions for holidays, illnesses, vacations or other reasons.

** A written notice of withdrawal is required by the 1st day of the last full month of attendance prior to leaving the school for any reason to receive a refund of deposits. (e.g. November 30th notice for December 31st withdrawal, etc.). Student records will be released only if all financial obligations have been satisfied.

** Parent conferences are available by appointment.

Parent Initials
