Date Received	
Application fee \$100	



Please make checks payable to Renaissance Montessori

Application for Admission: Infant/ Toddler Room

2013 – 2014 School Year (September 3, 2013- June 6, 2014)

Early drop off service (from 7:45 am, \$20 each week) Child's Full Name + Age Name Used Date of Birth Home Address Home Phone Mother's Name Mother's Mobile Phone Firm/Occupation Mother's Email: Talents, hobbies, special interests Address (if different) Father's Name	
Child's Full Name + Age Name Used	<u></u>
Name Used	
Date of Birth Home Address Home Phone Mother's Name Mother's Mobile Phone Mother's Office Phone Firm/Occupation Mother's Email: Talents, hobbies, special interests Address (if different) Father's Name	
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Address (if different) Father's Name	
Father's Name	
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Father's Mobile Phone Father's Office Phone	
Firm/Occupation	
Father's Email:	

Siblings; Names and Ages
Others living with family
Pets' names and species
* * *
What is your desired start date?
Would this be your child's first experience with school/ outside childcare?
Does your child have any allergies?
What are your child's interests and recent milestones?
Has your child had any medical issues? If so, what and what kind of treatments has he received?
Is your child currently in diapers? If so, what kind?
What is your toilet training plan and method?
What foods does your child regularly eat?
The following special accommodation(s) may be required to most effectively meet my child's needs at school:
How do your redirect your child when they are making choices that are unsafe, inappropriate or disrespectful? How do they respond?
What are your educational goals for your child?

What do you feel are your child's strengths?	
What is most challenging for your child?	
Is there any other pertinent information that could facilitate the care and education of your child	?
Parent(s) signature	Date