| _ | | |
|------|----------|--|
| Nata | Received | |
| Date | Neceivea | |

Application fee \$100 ___

Please make checks payable to Renaissance Montessori





Toddler Application for Admission

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

| | ays 3 days | | |
|--|-----------------------|------|--|
| Day (8:30am to 12:00pm) Half day with lunch (8:30am to 12:30pm) Full Day (8:30am to 3:00pm) Desired start date | | | |
| Child's Full Name + Age | | | |
| Name Used | | | |
| Date of Birth | Ge | nder | |
| 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 | | | |
| Father's Mobile Phone | Father's Office Phone | | |
| Firm/Occupation | | | |
| Father's Email: | | | |
| Talents, hobbies, special interests | | | |
| | | | |

| Siblings: Names and Ages |
|--|
| Others living with family |
| Pets' names and species |
| * * * |
| 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 | | | |
| | | | | |