

What are academic or social goals for your child? _____

Which languages does your child speak? And what language is spoken at home? _____

Does your child have any special considerations that the school should be aware of? _____

Does your child take any medications? _____

Does your child have any hobbies or talents such as sports or music? _____

How much screen time does your child have per day? _____
Television / Video Games / Computer

Please state what you consider to be your child's characteristics. _____

Please state your child's usual mode of behavior. _____

Please state the type of discipline used and child's reaction. _____

Until what grade level do you plan on your child attending H.M.S.? _____

Applicant's Medical Information: Pediatrician & Pediatric Group _____

Address _____ Phone # _____

Allergies (bee stings, food, environmental, pet, etc.) _____

Special Needs/Medications: _____

I authorize EMERGENCY MEDICAL CARE **SIGNATURE REQUIRED** _____

Emergency & Authorized Pick-Up Persons (in addition to parents)

#	Name	Relationship to child	home phone	work phone	mobile phone
#1	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____

I am applying for a spot in: check your selection below

- AM Preschool (8:45 to 11:15) _____
- AM plus lunch hour preschool (8:30 to 12:15) _____
- Preschool full day (8:45 to 3:00) _____
- Elementary _____ (which grade level, first through fifth) _____
- PM Preschool (12:30 to 3:00) _____
- PM plus lunch hour preschool (11:15 to 3:00) _____
- Kindergarten, 5 year olds (8:45 to 3:00) _____

Do you have a Teacher preference? _____

*A non refundable application fee of \$125.00 must accompany this application for it to be processed. Subsequent to receipt of the application, an interview with parents and child by a Montessori teacher will be arranged. Thereafter, you will be informed if your child is accepted into our program and when the child may begin to attend classes.

I hereby apply for admission of (child's name) _____

Signature of parent/guardian _____ date _____

Signature of parent/guardian _____ date _____

All information will be treated confidentially

For Office Use Only:

DOE _____ DOI: _____ Interviewed by: _____ Fees paid: app _____ ck# _____ date ___/___/___