



Cedars Montessori School

Application for Enrollment

A \$50 non-refundable application fee is due with this form.

Date:

Desired Year for Enrollment:

Applying for Grade:

Child's Name:	M/F	Date of Birth:
Parent/Guardian 1		Parent/Guardian 2
Name:		Name:
Phone:	cell/work/home	Phone: cell/work/home
Phone:	cell/work/home	Phone: cell/work/home
Email:		Email:
Address:		Address:

Family Members Living in House:			
Name	Relationship	Age	School (if applicable)

Persons Available in Case of Emergency or Illness (other than parents):		
Name	Number	Relationship

Medical Conditions (major illnesses, allergies, physical challenges or impairments, serious accidents/injuries, etc.)

What school or daycare has your child attended or is your child attending?

Does your child have Montessori experience?

What special interests does your child have?

What would you identify as your child's biggest strengths?

What would you identify as your child's biggest challenge?

Describe any concerns or questions you might have about your child's social, emotional, or academic development:

What questions do you have about Montessori?

How did you hear about Cedars Montessori School?

