Date Received:	

Generations Montessori School

STUDENT APPLICATION

Thank you for your interest in Generations Montessori School. This application is the first step on your way to enrollment at GMS. When your application is complete, you will be contacted to schedule an interview.

ELIGIBILITY

In order to be considered for enrollment in the Infant Class, students must be between the ages of 2 and 20 months old by September 1st. The Toddler Class is open to students 21 months – 3 years old. The 3-6 Classroom is open to students 3 – 5 years old. Generations Montessori School does not discriminate based on the race, sex, ethnicity, religion, sexual orientation, national origin, or ancestry of children or their families.

To be considered, all completed applications must be submitted with the \$50 non-refundable application fee. All checks should be made payable to "Generations Montessori School." Once your completed application has been received, you will be contacted within two weeks to set up an informal interview to acquaint you with the program and allow you to observe the learning environment.

□ I have read the Generations Montessori School	Parent handbook and agree to support the	ne policies outlined herein
while my child is enrolled at Generations Montess		•
Parent 1 Signature:	Date:	
Parent 2 Signature:	Date:	
STUDENT INFORMATION		
Child's Name:	Nickname(s):	
Sex:	Birthday:	
Address:		
Home Phone:		
Known Allergies:		

Previous child day care programs and schools attended (if any): ______

PARENT INFORMATION

Parent/Legal Guardian

Name: ______ Place of Work/Occupation: ______

Work Phone: _____ Cell Phone: _____

Email: _____

Address (if different than child's): ______

Parent/Legal Guardian

Name: _____ Place of Work/Occupation: ______

Address (if different than child's): ______

Email:

What type of care are you looking for (please check one)?

Infant Program

Toddler Program

Half-Day (9:00AM – 12:00PM)

Half-Day (9:00AM – 12:00PM)

Full-Day (9:00AM – 5:00PM)

Full-Day (9:00AM – 5:00PM)

Work Phone: ______ Cell Phone: _____

How did you hear about Generations Montessori School?

What is it about Generations Montessori School that appeals to you?

Please describe your child's personality/temperaments, likes and dislikes, strengths and weaknesses, fears, etc.

What are your child's special interests and activities at this time?

Is there anything you would like us to know about your child?