

Date: ____ / ____ / ____

Little Hands Montessori
-Where little hands build a big future
Application for Admission

After reading the Family handbook, mail this application along with a \$50 enrollment fee to:

**Little Hands Montessori
P.O. Box 13
Richland, MI 49083**

Please make checks payable to Little Hands Montessori.

Once the application has been reviewed, an interview will be scheduled.

A health form and immunization record or a waiver is due before the start of the school year.

Student information

Full name: _____ Gender _____

Name used _____ Age: _____ Date of birth ____ / ____ / ____ M D Y

Home address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

Siblings names and ages: _____

Others living with family: _____

I would like my child to be enrolled starting the ____ day ____ month ____ year.
At that time, my child will be ____ years and ____ months old.

**NOTE: Children must be at least 2 years 9 months old and potty trained to join our program.
Children over 3 years 6 months old are only admitted if they are transferring from another
Montessori school.**

Educational background

Transfer from another Montessori school: YES NO If yes, why? _____

Name of school: _____

School address: _____

Street City State Zip

What kind of care has your child received outside your home (day care, play groups, etc.)?

What do you hope your child will gain from a Montessori environment?

Do you have any comments that you feel may add to our understanding of your child and his / her needs? (recent move, special family circumstances, etc.)?

Parent / Guardian information

Parent / Guardian 1

Full name _____

Relationship _____

Address _____

Occupation / _____
employer

Cell phone _____

Email _____

Parent / Guardian 2

Full name _____

Relationship _____

Address _____

Occupation / _____
employer

Cell phone _____

Email _____

Who lives with your child? (i.e. siblings, grandparents, etc.)

Emergency contacts

Name 1: _____ Relationship: _____

Phone # _____ Cell phone # _____ Authorized to pick up? Yes or No

Name 2: _____ Relationship: _____

Phone # _____ Cell phone # _____ Authorized to pick up? Yes or No

Name 3: _____ Relationship: _____

Phone # _____ Cell phone # _____ Authorized to pick up? Yes or No

Name 4: _____ Relationship: _____

Phone # _____ Cell phone # _____ Authorized to pick up? Yes or No

Application questionnaire

Does your child wake up naturally?

Does your child take a nap? Yes or No

What time frame does the nap usually occur?

When do you normally have lunch time? _____

When is your child's bedtime? _____

Explain your child's communication level:

How well does your child adapt to new situations?

What type of independent activities does your child engage in presently?

Can your child dress himself/herself?

Does your child play alone, or seek attention from adults and/or children?

How much TV / Screen time does your child have daily?

None ___ ½ Hr ___ 1 Hr ___ 1.5 Hrs. ___ 2+ Hrs. ___ Which are the main programs watched?

Does your child help set/clear the table?

Does your child enjoy playing with water? Are they bothered if they get wet?

Is your child mainly motivated intrinsically, or do they motivate mainly with rewards and punishments?

Does he/she have the ability to wait a few minutes for attention or something they want? Do

you or your child have previous experience with the Montessori Method? Is your child able

to take direction from others? Does your child respond well to re-direction?

Please describe your child's general health. Has your child suffered any serious illness, trauma, injury, or hospitalization? Does your child have any physical limitations or allergies which would limit his/her participation?

Has your child been dismissed or withdrawn mid-year from a previous daycare or school?

Why did you leave your previous learning setting?

Are there any accidents/incidents at your previous childcare that stand out (i.e. being bitten)?

Do you have any concerns or questions about your child's development?

What are the most significant values for your family?

Christianity, other religious traditions and various cultures are celebrated here. Does your family have a religion? Are there cultural traditions that your family celebrates?

What languages are spoken in your household?

Payment Plan Selection – Please mark your chosen payment plan below.

<input type="checkbox"/>	Annual plan (payment paid in full by August 15th, 2022). Total amount: \$6,800.00
<input type="checkbox"/>	
<input type="checkbox"/>	School year program monthly installment plan. Total amount: \$7,000. Ten (10) equal monthly payments of \$700 dollars, with the first payment paid by or before September 1st. Remaining payments shall be paid the 1st of each month concluding June 1st.

(Siblings will receive 25% scholarship automatically. Inquire about our scholarship application if needed)

WAIVE THE
SIBLING DISCOUNT

It is my intent for my child to complete the school's 3-year cycle.

YES ___ NO ___ MAYBE ___

Comments:

I have read and have ensured that all guardians have read The Family Handbook and I understand all of the policies within.

_____ Initial here

I hereby certify that all information on this application and all information requested by Little Hands Montessori for which I am responsible is complete and accurate.

Signed: _____ Date: _____

Print name: _____