

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  
Att: Lindsey Koch  
11690 E. D. Ave  
Richland, MI 49083**

**Alternatively,  
contact us to  
arrange a  
drop off**

**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.)?

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

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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.)?

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**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.**

	Annual plan (payment paid in full by August 15th, 2021). Total amount: \$6,400.00
	School year two payment installment plan. Total amount: \$6,450.00. Two (2) equal payments, with the first payment paid by August 15th, 2021 for \$3,225.00. The second payment of \$3,225.00 is due by January 15th, 2022.
	School year program monthly installment plan. Total amount: \$6,500.00. Ten (10) equal monthly payments of \$650 dollars, with the first payment paid by or before September 1st, 2021. Remaining payments shall be paid the 1st of each month concluding June 1st, 2022.

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

<input type="checkbox"/>	WAIVE THE SIBLING DISCOUNT
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It is my intent for my child to complete the school's 3-year cycle.

YES\_\_\_

NO\_\_\_

MAYBE\_\_\_

Comments:

**Initial**

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

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: \_\_\_\_\_