



OFFICE USE ONLY

Date Application Received _____	Application Fee _____
Interview Date _____	Contract Sent _____

APPLICATION FOR ENROLLMENT

Select Program Primary Toddler

Date _____ School Year Applying For _____

CHILD INFORMATION

First Name _____	Last Name _____	Preferred Name _____
Date of Birth _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address _____	City _____	State _____
Zip Code _____	Primary Phone _____	

PARENT INFORMATION

Parent/Guardian #1	Last Name _____
Address _____	City _____
State _____	Zip Code _____
Home Phone _____	Cell Phone _____
Place of Employment _____	

Parent/Guardian #2	Last Name _____
Address _____	City _____
State _____	Zip Code _____
Home Phone _____	Cell Phone _____
Place of Employment _____	

Is your child potty trained? Yes _____ No _____ Working on it _____

Siblings:

Name _____	DOB _____	School _____
Name _____	DOB _____	School _____
Name _____	DOB _____	School _____

We give preference to students who commit to our three year program and remain at our school for Kindergarten.

Do you intend to have your child enrolled through kindergarten? _____
If not, how long do you intend to have your child enrolled? _____

Why: _____

Names and relationships of relatives who attend or have graduated from CMS: _____

How did you hear about Children's Montessori School of Georgetown? _____

Thank you for your interest in our school.
We will contact you to schedule a school tour and student interview.

Children's Montessori School of Georgetown does not discriminate with respect to religious beliefs, national origin, race, age, sex, political affiliation or membership in any lawful organization.

Please return this application to Children's Montessori School with the \$25 application fee. Checks can be made payable to Children's Montessori School