



CMS Application for Enrollment

Select Program

Toddler Primary

Date: _____ School Year Applying for: _____

(*Note: Deposit will hold the child's spot for up to 1-year, following the 'School Year' being applied for above. If enrollment date is extended beyond the 1-year timeframe, a new deposit will be required.)

Child Information

First Name: _____ Last Name: _____ Preferred Name: _____

Date of Birth: ___/___/___ Please Circle: Male / Female

Address: _____ City: _____ State: _____ Zip Code: _____

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

Parent Information

Parent/Guardian #1-

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone Number: (____) _____ - _____ Cell Phone: (____) _____ - _____

Occupation: _____ Place of Employment: _____

Parent/Guardian #2-

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone Number: (____) _____ - _____ Cell Phone: (____) _____ - _____

Occupation: _____ Place of Employment: _____

Siblings:

Name: _____ DOB: ___/___/___ School: _____

Name: _____ DOB: ___/___/___ School: _____

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? _____

**Please return application to: Children's Montessori School- 800 Cincinnati Pike, #8 Georgetown, KY 40324*

OFFICE USE ONLY

Application Received On: _____ Interview Date: _____

Deposit Received (\$250): Y / N Date Received On: _____ Paid With: Cash / Check Check #: _____

Contract Given On: _____ Processed by: _____