



ELEMENTS

MONTESSORI

2017 – 2018 Application for Admission

Student Information

Date of Application _____/_____/_____

Child's Full Name _____ Date of Birth ____/____/____

Preferred Name _____ Female Male

Address _____

Please indicate with whom the child is living: _____

Siblings: (Names and ages) _____

Is the applicant currently enrolled in a pre-school or day care facility and if so where? _____

Please tell us about your child's creative interests, hobbies and other unique gifts. _____

Why have you chosen a Montessori education for your child? _____

Has the applicant ever been evaluated by a learning or behavioral specialist? _____

Please indicate your preferred daily and weekly schedules.

Full Day: 8:40 - 3:00 Half Day: 8:40 - 1:10 Kindergarten: 8:40 - 3:00

5 Day Program 4 Day Program 3 Day Program

Are you interested in Early-Care? Yes No After-Care? Yes No

2017- 2018 Application for Admission (continued)

Child's Full Name _____ D.O.B. _____

Parent/Guardian Information

Name _____

Address _____

Home Phone _____

Cell Phone _____

E-mail _____

Profession _____

Business/Employer _____

Work Phone _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

*Please return your completed application along with your \$100 application fee to:

ELEMENTS MONTESSORI
221 SUMMER ST.
DUXBURY, MA 02332
ADMISSIONS



The Elements Montessori School does not discriminate in the administration of our educational policies, admission policies, or any other school-based programs for children and their families based on race, religious affiliation, cultural heritage, political beliefs, national origin, marital status, family configuration, sexual orientation, gender identification, toilet training status or disability.

*Application fees are considered non-refundable.

