Marigold
Montessori

Application for Admission

Child Information

Child's Name _____

Date of Birth _____

Home Address _____. City _____ Zip _____

Parent/Guardian Information

Parent/Guardian _____

Occupation_____ Employer _____

Cell _____ Work # _____

Email_____

Parent/Guardian 2 (if applicable) _____

Occupation_____ Employer _____

Cell _____ Work # _____

Email_____

Family Information

Siblings' Names and Ages (if applicable)

_____

Emergency Contact (other than parents)

_____

Phone Number: _____

Tell Us About Your Child

What are your child's favorite activities or interests?

_____

How does your child approach social situations (e.g.,playing with others, meeting new people)?

_____

Does your child have any allergies or dietary restrictions?

_____

Are there any family changes that could affect your child?

_____

Education and Development

Has your child attended school or daycare before? If yes, please list the school(s):

_____

Why do you want to send your child to Marigold Montessori?

_____

Does your child have any health concerns, developmental delays or special needs If yes, please explain briefly.

_____

Has your child received any screening, evaluations, or therapies? If yes, please summarize:

_____

How much sleep does your child typically get in a 24-hour period? Does your child nap? If yes, how long?

_____

Is your child potty trained? If not, when do you expect them to be?

_____

Is there anything else you would like us to know about your child or family to better support their transition to Marigold Montessori?

_____

Commitment and Policies

Start Date: When would you like your child to start? _____

I have read the Parent Handbook (which contains the Guidance Policy) and agree to adhere to Marigold Montessori's policies.

_____

Photo and Video Permissions

I give permission for my child's photo or video to be used in newsletters, promotional materials, or classroom updates: **Yes/No**

Application Fee

Please include the non-refundable application fee of $100.00 via check or Venmo @Cimbria_Peterson

All informations shared in this application will remain confidential and used solely for the purpose of enrollment and care planning.

Signature of Parent or Guardian _____

Date: _____