



# Amherst Montessori School Awaken, Nurture, Inspire... since 1970

## Application for Admission

Applicant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Goes by: \_\_\_\_\_ Gender: \_\_\_\_\_

For Admission:  Fall 2019  Other (please specify) \_\_\_\_\_

Are you interested in bilingual education?  Yes  No

**Program Selection:** (please check all that apply)

### Infant/Toddler (ages 3 months - 3 years)

Schedule options:  3 days/week\*  4 days/week\*  5 days/week

Lunch session (8:15 a.m. - 12:30 p.m.)

School day session (8:15 a.m. - 2:45 p.m.)

\*Priority admission is given to 5 day/week applicants. While we make every effort to accomodate schedule requests, we **cannot guarantee specific schedules**. Please let us know the days you request if you are applying for a partial week schedule:  Mon.  Tues.  Wed.  Thurs.  Fri.

### Children's House/Casa de Niños (preschool/kindergarten: ages 3 - 6 years)

Schedule options: 5 days/week

Lunch session (8:15 a.m. - 1:00 p.m.)

School day session (8:15 a.m. - 3:00 p.m.)

### Elementary (grades 1 - 6)

5 days/week 8:00 a.m. - 3:15 p.m.

Grades 1 - 3  Grades 4 - 6

### Extended Day Programs (for all levels)

Before care (7:30 -8:15 a.m.) Days:  Mon.  Tues.  Wed.  Thurs.  Fri.

After care until 4:00 p.m. Days:  Mon.  Tues.  Wed.  Thurs.  Fri.

After care until 5:30 p.m. Days:  Mon.  Tues.  Wed.  Thurs.  Fri.

### Parent Information:

Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Phone (h): \_\_\_\_\_

Phone (h): \_\_\_\_\_

Phone (w): \_\_\_\_\_

Phone (w): \_\_\_\_\_

Phone (m): \_\_\_\_\_

Phone (m): \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Siblings (names & dates of birth): \_\_\_\_\_

### Application Fee

I have enclosed the \$50 non-refundable application fee (\$10 for sibling applicants).

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

***Amherst Montessori School Mission***

We provide a warm, safe, and supportive community that nurtures a lifelong love of learning. We honor each child's path as they become independent, confident, and compassionate individuals, while learning to care for themselves, others, and the world.

***The Family and School Partnership***

As staff, parents, guardians, and students, we believe we are all stewards of our school community. We believe we have an obligation to care for and treat each other with respect and compassion. We assume positive intent.

We work together to lift each other and our school up to our greatest potential. When we see something that needs improvement, or just a little TLC, we act on it. Most importantly, we come together in partnership for our children.

Please write three (3) words that come to mind when thinking about your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like us to know about your child? You are welcome to include likes, dislikes, favorite activities, temperament, personality traits, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What activities do you like to do as a family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's daily routine: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain your understanding of our school values and what they mean to you : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on any circumstances that may affect or have affected your child. We have found it to be very helpful for the child when we know about such events as skipping or repeating a grade, whether or not the child has been referred to or received services from Early Intervention, specific learning style, changes in school, loss of a significant person, change in family structure, etc.: \_\_\_\_\_

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Is your child currently enrolled in a daycare or school? If so, what school or daycare does your child attend? And what does s/he enjoy most during his/her day? \_\_\_\_\_

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Have any diagnostic evaluations (educational or psychological) been completed for your child? Please provide details. \_\_\_\_\_

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Please describe your child's experience with technology: \_\_\_\_\_

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How many years do you plan to attend Amherst Montessori School? \_\_\_\_\_

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What languages are spoken in your home? \_\_\_\_\_

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How did you learn about Amherst Montessori? \_\_\_\_\_

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Is there anything else you wish to share about your child or your family: \_\_\_\_\_

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**For office use:**

Date application received: \_\_\_\_\_

Date application fee received: \_\_\_\_\_

Date of parent visit: \_\_\_\_\_

Date of student visit: \_\_\_\_\_

Student records received: \_\_\_\_\_

Student records received: \_\_\_\_\_