

Montessori Country School

New Student Application

Please circle the school year for which you are applying: 09-10 / 10-11 / 11-12

Name of Pupil _____ Birth Date ____/____/____
Month /Date/Year

Address _____ City _____ Zip _____ Phone _____

(Please list child's primary address. If parents live separately, please list other address on back)

Father's Name _____ Occupation _____ Work Phone _____

Mother's Name _____ Occupation _____ Work Phone _____

Primary Email address: _____

Brothers/Sisters _____ Born: _____ Born: _____

Class desired (please number 1st & 2nd choices):

Age (as of Aug. 31 the year your child would begin school)

__ Pre-primary	MTW	8:45-11:00	30-35 months
__ Pre-primary	Th/F	8:45-11:00	18-29 months *
__ 4 Mornings	M-Th	8:40-11:30	3 years
__ 5 Mornings	M-F	8:40-11:30	4 years
__ 5 Morning Kinder	M 8:40-11:30	T-F 8:40-12:30	5 years
__ 4 Afternoons	M-Th	12:40- 3:30	3 years
__ 5 Afternoons	M-F	12:40- 3:30	4 years
__ 5 Afternoon Kinder	M 12:40-3:30	T-F 11:30-3:30	5 years

*Preprimary parents of children under 30 months must stay on the school premises during class time.

If your child has been in school before, please give the name of school and a brief description of what sort of experience it was for him/her.

Has your child any special challenges, medical or otherwise?

Why have you chosen Montessori Country School?

Comments regarding preferred class placement (car pools, siblings, etc.)

Does your child nap? _____ How often? _____ How long? _____

Mother's Signature: _____ Date _____

Father's Signature: _____ Date _____

Please return your application with a non-refundable application fee of \$50.00 and a photo of your family. Thank you!

Please call the office to request financial aid applications—due at time of enrollment application.
MCS does not discriminate on the basis of race, color, national or ethnic in the administration of its educational or financial aid policies.