



Date: _____

Desired Schedule:

M am/pm T am/pm W am/pm Th am/pm F am/pm

Daily Arrival Time: 7:30 8:00 8:30 9:00

Preferred Start Date: _____

Application For Admission

Child

Child's Full Name - First, Middle, Last _____

Birthdate _____ Age _____ Male or Female _____

Home Address _____ Email Address _____

City _____ State _____ Zip _____ Phone Number _____

Previous Childcare/Preschool Attended _____ Length of Attendance _____

Parent/Guardian		Parent/Guardian	
Name _____		Name _____	
Home Address (if different than above) _____		Home Address (if different than above) _____	
Occupation _____		Occupation _____	
Home Phone _____	Work/Cell Phone _____	Home Phone _____	Work/Cell Phone _____
Who of named parent/guardian is responsible for fees? _____		Names and ages of siblings. _____	
To whom should billing be sent if other than above? _____		_____	
Name _____	Phone _____	How did you hear about Little Acorns Montessori? _____	
Address _____		_____	

The following information will enable us to get to know this child better.

What are your educational goals for this child? How do you see LAM facilitating these goals?

What role can we expect the child's parent(s)/guardian(s) to play in facilitating this child's educational goals?

Does this child have any hobbies, sports or special interests, or unusual capabilities or talents?

How do you see this child in his/her social/emotional development?

Does this child have foreign language background?

Is this child's general development and academic performance in his/her present/prior school consistent with your expectations?

Is there any significant medical history about which we should be aware and/or have any diagnostic evaluations (educational or psychological) ever been suggested or completed for this child? Please give details. Please request that a copy of educational testing or evaluation be sent to us.

Are you aware of any areas in which we might be able to give special help and encouragement to this child?

Little Acorns Montessori has a non-discriminatory policy relative to race, color, and national origin with respect to the admission of students and the employment of faculty and administrative staff.

Little Acorns Montessori considers the records of all individual students to be confidential information available to a child's parents or guardians upon request. Records will only be released to other schools or agencies upon signed request from a parent or guardian and only after all accounts due are paid in full.

Application Procedure:

1. Parents, by appointment, observe in the classroom and meet with the center manager or program coordinator.
2. Parents submit an application with application fee.
3. Upon acceptance, a signed admission agreement and first month's tuition are due as a non-refundable deposit to hold the future start date and schedule. There will be a fee of \$250 for a change of start date or schedule. Alternatively, for a \$250 non-refundable deposit, you can be placed on the waitlist.

Application Fees:

Please submit your application along with a \$65 application fee.
Payment Method: check credit card.

I hereby authorize the use of my credit/debit card to remit payment for the amount noted.

credit card number

Exp. Date

Signature of Cardholder

Printed name as it appears on card.

Application can be submitted by mail to 255B Mt. Hermon Rd., Scotts Valley, CA 95066, by fax to 831-464-1408, or by email to mindy@littleacornsmontessori.com.

Effective February 1, 2016