

Date:

Desired Schedule: (circle days/times) M am/pm T am/pm W am/pm Th am/pm F am/pm Preferred Start Date: exptected arrival time 7:30 8:00 8:30 9:00

Application For Admission

Child

Child's Full Name - First, Middle, Last

Birthdate	Age	Male or Female
Home Address		City, State, Zip Code
Previous Childcare/Pre	school Attended	Length of Attendance
Parent/Guardian		Parent/Guardian
Name		Name
Home Address (if different than above)		Home Address (if different than above)
Occupation		Occupation
Email Address		Email Address
Home Phone	With the (Could Diversity	Home Phone Work/Cell Phone
Home Phone	Work/Cell Phone	Home Phone Work/Cell Phone
Who of named parent/guardian is responsible for fees?		Names and ages of siblings.
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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 enab	le us to get to know this child better.
What are your educational goals for this child	? How to 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 adminstrative 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: Parents, by appointment, observe in the classroom and meet with the center manager or program coordinator. Parents submit an application with application fee. Upon acceptance, a signed admission agreement and one month's tuition are due as a non-refundable deposit to hold the future start date and schedule. There will be 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 the application fee. Payment Method: check credit card.
	credit card number Exp. Date
Signature of Cardholder	Printed name as it appears on card.

Application can be submitted by mail to 1215 Chanticleer Ave., Santa Cruz CA 95062, or by email to montessoripreschooladmissions@gmail.com