

Quail Hollow



Montessori

Date:

Desired Schedule:

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

Preferred Start Date: \_\_\_\_\_

expected 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	Email Address
City	State Zip Phone Number
Previous Childcare/Preschool Attended	Length of Attendance
<b>Parent/Guardian</b>	<b>Parent/Guardian</b>
Name	Name
Home Address (if different than above)	Home Address (if different than above)
Email Address	Email Address
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 Coast Redwoods Montessori?	
Address	

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

What are your educational goals for this child? How to you see CRM 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?

*Coast Redwoods 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.*

*Coast Redwoods 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 school.
2. Parents submit an application with application fee.
3. 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.

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

credit card number:

CVV: Exp. Date

Signature of Cardholder

Printed name as it appears on card.

Application can be submitted by mail to 187 Laurel Dr., Felton CA 95018,  
or by email to [montessoripreschooladmissions@gmail.com](mailto:montessoripreschooladmissions@gmail.com)