

Date Received

Date Enrolled

Filed By:



## The New School Montessori Center

### Application for Admission

#### **Student Information**

Child's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  Male  Female

Date of Birth (m/d/y) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present or Most Recent School \_\_\_\_\_ Years Attended: From \_\_\_\_\_ To \_\_\_\_\_

#### **Family Information**

Mother or Female Guardian's Name \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email Address \_\_\_\_\_

Father or Male Guardian's Name \_\_\_\_\_

**Phone:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email Address \_\_\_\_\_

#### **Choice of Program**

- |   |  |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Half Day Infant (6 weeks to 12 months) 8:25am to 12:00pm      | <input type="checkbox"/> <input type="checkbox"/> Full Day Infant (6 weeks to 12 mos.) 8:25am to 4:30pm    |
| <input type="checkbox"/> <input type="checkbox"/> Half Day Toddler Ones (1 to 2 years) 8:25am to 12:00pm        | <input type="checkbox"/> <input type="checkbox"/> Full Day Toddler Ones (1 to 2 years) 8:25am to 4:30pm    |
| <input type="checkbox"/> <input type="checkbox"/> Half Day Toddler Twos (2 to 3 years) 8:25am to 12:00pm        | <input type="checkbox"/> <input type="checkbox"/> Full Day Toddler Twos (2 to 3 years) 8:25am to 4:30pm    |
| <input type="checkbox"/> <input type="checkbox"/> Half Day Children's House (3 to 6 years) 8:25am to 12:00pm    | <input type="checkbox"/> <input type="checkbox"/> Ext. Day Children's House (5 to 6 yrs.) 8:25am to 3:00pm |
| <input type="checkbox"/> <input type="checkbox"/> Older Sibling Children's House (5 to 6 yrs.) 8:25am to 3:30pm | <input type="checkbox"/> <input type="checkbox"/> Full Day Children's House (3 to 6 yrs.) 8:25am to 4:30pm |
| <input type="checkbox"/> <input type="checkbox"/> Lower Elementary (6 to 9 years) 8:25am to 3:30pm              | <input type="checkbox"/> <input type="checkbox"/> Upper Elementary (9 to 12 years) 8:25am to 3:30pm        |

#### **Information About Your Child**

Please list any known allergies or chronic illnesses: \_\_\_\_\_

\_\_\_\_\_

Please list any medications for the allergies or illnesses: \_\_\_\_\_

\_\_\_\_\_

Please give any information concerning your child that could be helpful in his or her experience in a group setting (such as play, eating and sleeping habits, special fears, etc.): \_\_\_\_\_

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**Emergency Care Information**

Name of Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference (please do not write "closest") \_\_\_\_\_

Please list two local emergency contacts in case parents or guardians cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

If you cannot pick up your child, please list the names of persons to whom your child can be released:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

I agree that the operator of The New School, Inc. may authorize the physician of his or her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

\_\_\_\_\_  
Mother or Female Guardian's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Father or Male Guardian's Signature

Date \_\_\_\_\_

I, as the operator/director, do agree to provide transportation to an appropriate medical resource in the event of an emergency. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

\_\_\_\_\_  
Operator/Director Signature

Date \_\_\_\_\_

**A \$200.00 NONREFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.**

Your check will not be processed until such time that a space is available for your child.

Please return this completed application with the \$200.00 fee made payable to:

The New School, Inc.  
5617 Sunset Lake Road  
Holly Springs, NC 27540

**The New School Montessori Center does not discriminate on the basis of race, color, religion, gender, or ethnic origin in the administration of its education and admissions policies.**