



Montessori Children's Academy

955 Fred W. Moore

St. Clair, MI 48079

APPLICATION FOR ADMISSION

Child's Name _____ Date of Birth _____ Sex _____ Age on August 20, 2002 ____ years ____ months

Home Address _____ Telephone _____

Has the child attended a Pre School before? If yes, when? _____

Where? _____

Father's Name _____ Birth date _____

Employer _____ Business/Profession _____

Business Address _____ Business Phone _____

Mother's Name _____ Birth date _____

Employer _____ Business/Profession _____

Business Address _____ Business Phone _____

Names and Ages of Brothers and sisters _____

Why are you considering choosing a Montessori school? _____

How did you learn about the Montessori Children's Academy _____

Prefer: Morning _____ Full-Day _____ Extended _____

What special hobbies/interest could you share with the students: (foreign language, dance, sports, music, collections, creative writing, computer skills, karate, etc.)? _____

In order to assist the school, which of the areas are you volunteering to sign up for?

Initial F (father), M (mother)

- | | | |
|--|--|--|
| <input type="checkbox"/> Playground Committee | <input type="checkbox"/> Landscaping Committee | <input type="checkbox"/> Promotion Committee |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Repair/Cleaning | <input type="checkbox"/> Dedicated Field Trip Driver (K & Elem.) |
| <input type="checkbox"/> Classroom Liaison | <input type="checkbox"/> Other Services | |

Additional Comments _____

Will your family participate in the summer camp program? Yes / No / Not Sure yet

Are you interested in having your child attend the Montessori Children's Academy for Elementary? Yes / No / Not Sure yet

If you answered YES, please tell us why you are interested. _____

Parent Signature _____ Date _____