

1627 Brodhead Road ■Moon Township, PA 15108

**www.montessoriscl.com**

**724.457.KIDS**

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| 2023-2024 Student Application |
|  |
| Last Name First Name Birthday Sex  M F |
| Address |
| Mother/Father Name |
| Address |
| Phone Number  Home: Cell: E-Mail |
| Employer Name Occupation |
| Employer Address and phone number |
|  |
| Mother/Father Name |
| Address |
| Phone Number  Home: Cell: E-Mail: |
| Employer Name Occupation |
| Employer Address and phone number |
|  |
| Other members of the family |

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| List 6 Adjectives to describe your child Mother/Father:  Mother/Father: |
| How did you hear about our school? |
| What do you expect from a Montessori Education?  Mother/Father:  Mother/Father: |
| Family Information |
| Parents separated or divorced? |
| Either parent away for long periods? |
| Child cared for by any other person? |
| Was your child full term? |
| Is child adopted? |
| Does your child have any special needs / allergies? |
| Do you take your child on outings? If yes, how often? |
| \*Ethnic Origin White Black Hispanic Asian American Indian |

\*Please note that this is required by the state

The above information is true and accurate and will remain confidential.

PARENT (S) SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_

A $50.00 *Non Refundable* application fee must accompany this form. Please make checks payable to Montessori School for Creative Learning.

For office use only Check#\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_