Play, Learn and Grow

StepbyStep
—Montessori Preschool—

School Application

CHILD'S INFORMATION:

_____
First   Middle   Last   Birth Date   Gender

PREVIOUS SCHOOL EXPERIENCE   ### HEALTH

_____   _____
School or Playgroup   Duration   Allergies

Requested school start date? _____

Requested Schedule: Circle One   **Half Day** (8:30-12:30) **Full Day** (8:30-2:30)

Extended Care (7:00-5:00)

Days Per Week: Circle One   **3 Days** M-T-W-T-F   **4 Days** M-T-W-T-F **5 Days** M-F

MOTHER (or guardian)

                                                     ### FATHER (or guardian

Mother's name   Father's name

Street Address   Street Address

City   State/ZIP   City   State/ZIP

Home Phone   Cell Phone   Home Phone   Cell Phone

Email Address   Email Address

Business Name/Phone   Business Name/Phone

Do both Parents live with the child? _____

What is the custody schedule, if separated? provide necessary documentation.

_____

Questions about your Child

What do you believe are your child's greatest strengths and weaknesses?

_____

_____

Does your child have any special needs (physically, emotionally, educationally etc.)?

_____

_____

Do you have any previous experience or history with Montessori Education?

_____

_____

Application Procedure

Please return this application to the school via email (Marzi@StepbyStepSchools.com) or drop off in person. The application will be reviewed, and the Director will contact you with the current school's availability.

When your child is enrolled at Step by Step Montessori School you will be asked to submit a non- refundable $200 registration/materials fee and non- refundable/non-transferable payment for your first month's tuition.

_____   _____
Signature of Parent or Guardian   Date

For Office Use Only:

Notes: