

Montessori Radmoor School
2745 East Mount Hope
Okemos, MI 48864
(517) 351-3655

Application for Admission _____ School Year _____

Age at time of admission _____

Toddler Program
(8:45a.m.-12:00 p.m.)

Preschool Program
(8:45a.m.-12:00 p.m.)

Elementary Program
(8:40a.m.-3:15 p.m.)

To be accepted in the following programs, your child must be enrolled in a 9:00 a.m.-12:00 p.m. program.

Early Child Care
(7:30 a.m.-8:45 a.m.)

Afternoon Child Care
(12:00 p.m.-3:00 p.m.)

After School Child Care
(3:00 p.m.-6:00 p.m.)

Child's Full Name _____ **Boy/Girl** _____

Name Used _____ Social Security # _____ Date of Birth ____/____/____
Month Day Year

Home Address _____

City _____ State ____ Zip _____ Home Phone _____

Siblings Names and Ages _____

Other Living with Family _____

Father's Name _____ **Occupation** _____

Home Address _____ City _____ State ____ Zip _____
(If not the same as the child's)

Home Phone _____ e-mail address _____

Talents, hobbies, special interests _____

Name of Employer/Business _____ Business Phone _____

Mother's Name _____ **Occupation** _____

Home Address _____ City _____ State ____ Zip _____
(If not the same as the child's)

Home Phone _____ e-mail address _____

Talents, hobbies, special interests _____

Name of Employer/Business _____ Business Phone _____

For Office Use Only

Toured ____/____/____ Observed ____/____/____ Application fee paid ____/____/____ Ck # _____

Admission Form Sent ____/____/____ Admission Form Due Back ____/____/____

Deposit Paid ____/____/____ Ck # _____ Enrollment Package Sent ____/____/____

Confirmation letter sent ____/____/____

What kind of care has your child received outside your home (day care, play groups school etc.)?

What do you hope your child will gain from a Montessori Environment?

If child is under age 5, is your child toilet trained? Partially Completely

Does your child nap? Yes No

Do you have any comments that you feel may add to our understanding of your child and his/her needs? (Recent move, special family circumstances etc.) _____

I wish to enroll my child in ____/____/____.

At that time, my child will be _____ years and _____ months old.

A non-refundable \$35 Application Fee and a copy of your child's birth certificate must accompany this application.

Please forward check made payable to: **Montessori Radmoor School**
2745 East Mount Hope
Okemos, MI 48864

Upon receipt of the application and application fee we will place your child's name in our waiting pool. Please call our office for further information. (517-351-3655)