



Application

For school year beginning September 20

- Toddler House** (18 months - 2 years, 10 months)
- Primary School** (2 years, 10 months - 6 years)

Please indicate your preferred schedule and note if you have flexibility with the indicated schedule.

School Day Montessori

8:00 - 11:45 am five mornings.

We wish to apply for supplemental Early Afternoon hours:

	M	T	W	TH	F
11:45 - 2:45					

- We are flexible with the schedule.

All-Day Montessori

ADM schedules include 8:00 - 11:45 am five mornings and at least 3 days of late afternoon attendance until 6:00 pm.

	M	T	W	TH	F
11:45 - 2:45					
2:45 - 6:00					

NAME OF CHILD _____ SEX _____

DATE OF BIRTH _____ AGE ON SEPTEMBER 1 _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE _____ EMAIL _____

OCCUPATION _____ BUSINESS NAME _____

NAME OF PARENT/GUARDIAN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE _____ EMAIL _____

OCCUPATION _____ BUSINESS NAME _____

OPTIONAL: As an institution committed to diversity, we would be grateful if you would be willing to share your family's racial-ethnic background. Do you wish to identify your child as a member of any of the following groups? Please check all that apply:

- Asian / South Asian descendant
- Black / African descendant
- Indigenous / Native American / Alaskan Native
- Latin origin / Hispanic
- Middle Eastern or North African
- Native Hawaiian / Pacific Islander
- White / European descendant
- Other _____

Please list parents and close family members who have attended Montessori Schools:

NAME RELATIONSHIP TO CHILD

MONTESSORI SCHOOL ATTENDED AGE LEVEL/GRADE COMPLETED

NAME RELATIONSHIP TO CHILD

MONTESSORI SCHOOL ATTENDED AGE LEVEL/GRADE COMPLETED

If additional close family members have attended Montessori schools, feel free to include an addendum.

- How did you initially hear about Greene Towne Montessori School?

- Which other preschools/early childhood programs are you considering?

- What is your understanding of the Montessori philosophy?

- What are your hopes and goals for your child?

- In what way do you see a Montessori experience fostering the goals you have for your child's development?

- Would you like a member of our current parent community to contact you during the admissions process to share their experience at Greene Towne? Yes, please! No, thank you.

PARENT/GUARDIAN SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

Please return the application, along with a nonrefundable \$45.00 application fee to:

Director of Enrollment Management
Greene Towne Montessori School
2121 Arch Street
Philadelphia, PA 19103

Greene Towne Montessori School has a Financial Aid Fund for qualifying families. Admissions decisions are need-blind. Applications for financial aid must be submitted by February 1, preceding the September of intended enrollment. Do you anticipate applying for Financial Aid?

- Yes
- No
- Maybe

FOR OFFICE USE ONLY fee paid _____ date received _____

Please tell us more about your child.

CHILD'S NAME

DATE OF BIRTH

DEVELOPMENT

We recognize your child may not yet have reached these developmental milestones. Please indicate if this is the case.

What was your child's gestational age at birth? _____ If adopted, at what age did your child join your family? _____

At what age did your child begin to walk? _____ At what age did your child begin to speak? _____

If any language other than English is spoken at home, which one(s) and by whom? _____

What is your child's level of independence in the following areas:

Eating: _____ Drinking: _____ Dressing: _____

Bathing: _____ Toileting: _____ Toothbrushing: _____

Does your child have any medical or developmental conditions about which the school should know?

DAILY LIFE AND ACTIVITIES

Where and with whom does your child spend the day? _____

If currently enrolled in an early childhood program, which one? _____ Schedule: _____

What are your child's favorite activities and things to do? _____

What are your child's least favorite activities and things to do? _____

Does your child have screen time? _____ How many minutes each day and with whom? _____

What programs/videos? _____

Does your child play electronic games? _____ If so, which games? _____

Sibling Name: _____ Date of Birth: _____ Current School: _____

Sibling Name: _____ Date of Birth: _____ Current School: _____

Is there anything else you would like us to know about your child and your family?

NAME OF PARENT/GUARDIAN COMPLETING CHILD INFORMATION

DATE