



Application

- Toddler** (18 months – 3 years)
- Primary** (2 years, 9 months – 6 years)

8:00-11:45 am
for the school year beginning September 20__ __
(PLEASE PRINT LEGIBLY)

- We wish to apply for the supplemental afternoon program. Please indicate the afternoon hours needed on each day.

	M	T	W	TH	F
11:45- 3:00					
3:00- 6:00					

• **Name of child:** _____ Sex: _____
 Date of Birth: _____ Age in September: _____
 Address: _____ City: _____ State: _____ Zip: _____

• **Name of Parent:** _____
 Address: _____
 Telephone: _____ E-mail: _____
 Occupation: _____
 Business name and address: _____
 Business telephone: _____ Cell phone: _____

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 Address: _____
 Telephone: _____ E-mail: _____
 Occupation: _____
 Business name and address: _____
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• **Sibling name:** _____ Date of birth: _____
 Current school _____
 Additional siblings: _____ Date of birth: _____
 Current school: _____

Greene Towne Montessori School Application, page 2

- Please list any close family member who has attended Montessori school.

Name: _____ Relationship to child: _____

Montessori school attended (if known): _____

Age level/grades completed: _____

- How did you hear about Greene Towne Montessori School?
- What have you read about the Montessori Method?
- What is your understanding of the Montessori Method of teaching and learning?
- Why are you interested in a Montessori Preschool experience for your child?
- If parents are separated or divorced, please answer the following:

Who is the legal guardian? _____

With whom does the child live? _____

To whom should bills be sent? _____

To whom should school announcements be sent? _____

Signature: _____

Date: _____

Please return this form, along with a nonrefundable \$45.00 application fee to:
Admissions Director, Greene Towne Montessori School
2121 Arch Street, Philadelphia, Pennsylvania 19103

Greene Towne Montessori School has a Financial Aid Fund for qualifying families. Applications for financial aid must be submitted before February 1, preceding the September of intended enrollment to guarantee consideration for the following school year. Please contact the school to request more information about financial aid.

FOR OFFICE USE ONLY

fee paid: _____

date received: _____

Child Profile Questionnaire

Child's name: _____ Date of birth: _____

Please indicate your child's level of independence in the following areas.

Eating: _____

Dressing: _____

Toileting: _____

Teeth brushing: _____ Hair brushing: _____

Where and with whom does your child spend the day?

What time does your child go to bed? _____ Wake up? _____ Nap? _____

At what age did your child begin to speak? _____ Does he/she speak in 2-3 word phrases or sentences? _____

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

Has your child experienced any emotional events such as divorce or death in the family?

Please explain:

If your child was adopted, at what age did he/she join your family?

Does your child have any medical or behavioral conditions we should know about? Please describe.

Activities:

Does your child watch television? If so, what programs or videos and with whom?

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

What are your child's favorite games and activities at home?

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