



# Hands-On Montessori School

12 Creeden St Mansfield, MA 02048

508-339-4667 (HOMS)

Email: admin@homontessori.com

Website: www.homontessori.com

## APPLICATION (2.9 - 6 Year olds)

Child's Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Language \_\_\_\_\_ Second Language \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Legal Guardian # 1 \_

Occupation \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

Parent/Legal Guardian # 2\_

Occupation \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

Other Primary Caregiver \_\_\_\_\_

Others Living in the Home (names, ages, relationship) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Child's Previous Group Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will gain from a Montessori education? \_\_\_\_\_

**Primary Montessori ½ Day Program:**

**AM** (8:30-11:30) \_\_\_\_\_ **PM** (12:30-3:30) \_\_\_\_\_ **Either** \_\_\_\_\_

(Choosing “Either” puts your child on both waiting lists)

**Lunch Bunch:** (11:30 – 12:30) \_\_\_\_\_

(Additional Lunch hour before or after Primary class for 2.9 to 6 year old ½ day students)

**Full Day Pre-K Enrichment Program for 2.9 to 4.9 yrs (8:30 TO 3:30):** \_\_\_\_\_

(INCLUDES ½ DAY MONTESSORI PRIMARY CLASS & LUNCH BUNCH)

**Extended Day Kindergarten** (8:30 to 3:30) \_\_\_\_\_

\*Offered to candidates who meet the age criteria for public school kindergarten **or** have reached at least **4.9 years by September 1st** and display developmental readiness (to be determined by the school)

When would you like to enroll your child (month & year)? \_\_\_\_\_

How many years do you intend to enroll your child? \_\_\_\_\_

What talents, skills, and/or resources would each parent bring to the school? \_\_\_\_\_

Where did you first learn of Hands-On Montessori School? \_\_\_\_\_

**A \$55.00 non-refundable application fee must accompany this application.**

\_\_\_\_\_  
(Parent’s Signature)

\_\_\_\_\_  
(Date)

Office Use Only:

Application Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Male/Female \_\_\_\_\_

Age: September 20\_\_\_\_\_: \_\_\_\_\_years \_\_\_\_\_months

Interview Conducted: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Results: \_\_\_\_\_