



# Hands-On Montessori School

12 Creeden St Mansfield, MA 02048

508-339-4667 (HOMS)

Email: admin@homontessori.com

Website: www.homontessori.com

## **MONTESSORI BEGINNERS :TODDLER APPLICATION**

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? \_\_\_\_\_

Toddler Class hours are from 8:00 am to 11:30 am. Please check the program that you are interested in:

Five days (Mon-Fri)

Three days (Mon, Wed, Fri)

Two days (Tues, Thurs)

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: \_\_\_\_\_