



Admissions Application

Barat Montessori School
2010-2011

Student Information

5-Day Program

3-Day Program

Child's full name: _____

Please check:

girl

boy

Nickname: _____

Date of birth: _____ Age on Sept. 1 of projected school year: _____ years _____ months

Home Address: _____

Town: _____ State: _____ Zip Code: _____

Siblings' names and birthdates: _____

Parent Information

PARENT/GUARDIAN 1

Full name: _____

Home phone: _____ Cell phone: _____

Home address if different than child's: _____

_____ E-mail address: _____

Occupation: _____

Business phone: _____

Business address: _____

PARENT/GUARDIAN 2

Full name: _____

Home phone: _____ Cell phone: _____

Home address if different than child's: _____

_____ E-mail address: _____

Occupation: _____

Business phone: _____

Business address: _____

About Your Child

Has your child had previous toddler or preschool program experience? Yes No

If so, where? _____

Director's/teacher's name: _____ Phone: _____

May we contact this program? yes* no

What, if any other group experience/programs has your child attended? _____

We appreciate your taking the time to answer the following questions in detail. Please feel free to continue your answers on a separate piece of paper. Please be assured that we value each child's unique learning style and expect a full range of strengths and challenges within our family of students.

Please describe your child. What are your child's strengths, weaknesses, special interests and talents?

What are your child's favorite activities?

Why are you interested in providing a Montessori preschool experience for your child? What are you looking for in your child's preschool?



Are there any special issues in your child's history we should know about? (Medical, physical, emotional, educational...) If your child has a diagnosed developmental delay, we encourage you to share that with us so that we can share with you our experience and approaches to your child's needs.

What are your goals/hopes for your child's early education experience at Barat Montessori?

Barat Montessori School does not discriminate against any person on the basis of his or her race, gender, age, religion, sexual orientation, national origin, cultural heritage, political beliefs, or marital status, except with regard to the age of the children as dictated by the provisions of any license issued to Barat Montessori School by the Commonwealth of Massachusetts.

Signature of Parent:

Date:

Kindly return the completed form with a one time application fee of \$175.00 to

**Susan Haigney
Barat Montessori School
5 Damon Street
Wayland, MA 01778**

