



FOR OFFICE USE ONLY	
Application	Program
<input type="checkbox"/> Waiting List # _____	Start _____
<input type="checkbox"/> Application Fee _____	Days _____
<input type="checkbox"/> Visited School _____	Hours _____
<input type="checkbox"/> Deposit _____	

APPLICATION FORM

Please complete and return the attached form to the Alef Bet Montessori office with a \$65 non-refundable processing fee. Please make checks payable to "Alef Bet Montessori." Once your application form is received in our office, we will contact you with further information on our registration process and arrange a meeting.

Child's Family Name _____ MI _____ First Name _____

Hebrew Name _____ Nickname _____ DOB _____ Age on Sept. 2010 _____

Home Address _____ City _____ Zip _____

Mother's Full Name: _____ Father's Full Name: _____

Child's Home Phone _____ Mom's Cell: _____

Dad's Cell: _____ Mom's Work: _____ Dad's Work: _____

Mom's Email: _____ Dad's Email: _____

Please indicate your preferred method of communication: Email ___ Phone ___ Mail ___

Indicate all the applicable programs:

Toddler Program (ages 18 months to 2½)

- Two Days a Week: 9 a.m. – noon
- Three Days a Week: 9 a.m. – noon
- Five Days a week: 9 a.m. – noon
- Extended-day: 9 a.m. – 3 p.m.

Primary Program (ages 2½ to 6)

- Half-day (ages 2½ to 4): 9 a.m. – noon
- Full-day (ages 3 to 6): 9 a.m. – 3 p.m.

Lunch Bunch

- For all ages (noon–1 p.m.)

Please complete other side→

Child's Previous Care/School Experience:

Name of Child Care /School _____ # of years attended _____

Name of Child Care /School _____ # of years attended _____

Please tell us about your child's strengths _____

Please tell us about your child's weaknesses _____

Does your child have any allergies? Yes _____ No _____ If yes, please list _____

Do you have any concerns regarding your child's development, abilities to learn, etc.?

Yes _____ No _____ If yes, please tell us your concerns _____

Has your child been evaluated for these concerns? Yes _____ No _____ If yes, please attach any evaluations or assessments to this form.

Does your child have any medical condition for which he/she is on medication permanently?

If yes, please explain: _____

What interested you in our school? _____

In what way do you think you could contribute to our school? _____

Thank you for your time and sincere answers.