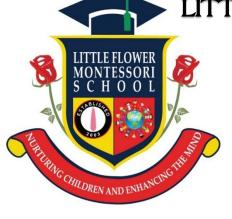
LITTLE FLOWER MONTESSORI SCHOOL



2 Kilmer Road Edison, New Jersey 08817 Phone: (732) 339-0909 Fax: (732) 339-9042 1-800-280-0082

www.littleflowermontessorischool.com

APPLICATION FOR ADMISSION

For Office Use Only						
Start Date	e:					
Cash /Che	eck #: _					
Amount:						
Class:	4	5				
Session:	FD	AM	PM			
Mom PIN:Dad PIN:						

					20)24 – 2	202	5		Mor	m PIN:	Dad PIN:
	Name of Child	d:	FIRST		MIDDLE		LAST			Today's	s Date:	MM DD YR
CHILD	Date of Birth:	MM /	/ DD /	YR	Age:	Sex: 1	Male	(Circle) Femo	ale	Home I		
	Street Address	s:				Apt:		City:			State:	Zip Code:
			FATHE	R						M	IOTHER	
z	First Name:						Fir	st Name:				
E.	Last Name:						La	st Name:				
₩ M	Occupation:						00	cupation:				
F.	Work Phone:						W	ork Phone:				
S S	Cell Phone:						Се	II Phone:				
PARENTS INFORMATION	E-Mail:				☐ @yc	mail.com ahoo.com loud.com er	η	Mail:				□@ gmail.com □@yahoo.com □@icloud.com □ other
S	Relationship:						Relat	ionship::				
TACT	•					Contact Name #2			42			
O		tact Name #1:							+2			
5	Cell Phone:						Cell F	Cell Phone:				
EMERGENCY CONTACTS	Name of Pedr	itician:					Phon	e Number:				
EME	Address:								'			
	PRE - PRIMARY (3 YRS TO 5 YRS)						PRE - PRIMARY EXTENDED CARE OPTIONS					
PROGRAMS	☐ Full Day Session (8:45 AM − 3:15 PM) Monday to Friday ☐ Morning Session (8:45 AM − 11:30 AM)					☐ Before			ire (8:0	00 AM – 8: anday to Fr	:45 AM)	
PR	Monday to Friday Afternoon Session (12:30 PM – 3:15 PM) Monday to Friday							Aftercare (3:15 PM – 6:00 PM) Monday to Friday				

Please list the names of your child's sib	lings:			
1	Age:	Sex:	School:	
Name 2	Δae:	Sex.	School:	
Name		SCX		
List previous school experience(s) your	child has had.			
If your child has had previous school ex	perience, what is you	ır reason j	for this change?	
What are your immediate goals for you	ır child?			
What are your long-term goals for your	r child?			
What would you like us to know about parents)?	,			
Please offer us your feedback!				
How did you hear about <i>Little Flower N</i>	Montessori School? Pl	ease indi	cate.	
O Friend/ Name Former student :				
O Website:				
O Search engine:				
O Other(specify):				



LITTLE FLOWER MONTESSORI SCHOOL

PRE-K

I fully understand that my deposit at Little Flower Montessori School will be held until the last month of the academic year (June). At such time, the deposit will be applied for that month only; if for any reason I choose to withdraw prior to June, I would forfeit my deposit.

Name of Child:		
Full Name of Parent:	Date:	
Parent Signature:	Date:	