



LITTLE FLOWER MONTESSORI SCHOOL

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 Edison, New Jersey 08817
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 1-800-280-0082

www.littleflowermontessorischool.com

APPLICATION FOR ADMISSION 2024 – 2025

For Office Use Only

Start Date: _____

Cash / Check #: _____

Amount: _____

Bus Form:

Class: 4 6

Mom PIN: _____ Dad PIN: _____

CHILD	Name of Child: <small>FIRST</small> _____ <small>MIDDLE</small> _____ <small>LAST</small> _____			Today's Date: <small>MM</small> / <small>DD</small> / <small>YR</small> _____ / _____ / _____		
	Date of Birth: <small>MM</small> / <small>DD</small> / <small>YR</small> _____	Age: _____	Sex: <small>(Circle)</small> Male Female	Home Phone: _____		
	Street Address: _____		Apt: _____	City: _____	State: _____	Zip Code: _____

PARENTS INFORMATION	FATHER		MOTHER	
	First Name:	_____	First Name:	_____
	Last Name:	_____	Last Name:	_____
	Occupation:	_____	Occupation:	_____
	Work Phone:	_____	Work Phone:	_____
	Cell Phone:	_____	Cell Phone:	_____
E-Mail:	<input type="checkbox"/> @ gmail.com <input type="checkbox"/> @ yahoo.com <input type="checkbox"/> @ icloud.com <input type="checkbox"/> Other _____	E-Mail:	<input type="checkbox"/> @ gmail.com <input type="checkbox"/> @ yahoo.com <input type="checkbox"/> @ icloud.com <input type="checkbox"/> other _____	

EMERGENCY CONTACTS	Relationship:	_____	Relationship:	_____
	Contact Name #1:	_____	Contact Name #2:	_____
	Cell Phone:	_____	Cell Phone:	_____
	Name of Pedritician:	_____	Phone Number:	_____
	Address:	_____		

PROGRAMS	IN PERSON		EXTENDED CARE OPTIONS	
	<input type="checkbox"/> Kindergarten	(8:45 AM – 3:15 PM) Mon - Fri	<input type="checkbox"/> Before Care	(8:00 AM – 8:45 AM) Mon - Fri
	<input type="checkbox"/> 1 st Grade	(8:45 AM – 3:15 PM) Mon - Fri	<input type="checkbox"/> Aftercare	(3:15 PM – 6:00 PM) Mon - Fri
<input type="checkbox"/> 2 nd Grade	(8:45 AM – 3:15 PM) Mon - Fri			

Please list the names of your child's siblings:

1. _____ Age: _____ Sex: _____ School: _____
Name

2. _____ Age: _____ Sex: _____ School: _____
Name

List previous school experience(s) your child has had.

If your child has had previous school experience, what is your reason for this change?

What are your immediate goals for your child?

What are your long-term goals for your child?

What would you like us to know about your child (temperament, learning, style, separation, and care other than parents)?

Please offer us your feedback!

How did you hear about Little Flower Montessori School? Please indicate.

Friend/ Name Former student : _____

Website: _____

Search engine: _____

Other(specify): _____

WITHDRAWAL POLICIES FOR 1ST & 2ND GRADERS ONLY:

Teacher employment and other significant commitments are made by the school based upon enrollment. Therefore, if a student is withdrawn from the school, you are still liable for six months of tuition and fees and are payable except in either of the following circumstances:

a) The family moves outside the area (35-mile radius from the school). Must provide proof of new physical address and proof of new school completed enrollment.

Example: New lease agreement or property deed if buying a new home, and a letter of completed enrollment.

b) The student experiences extended serious illness for more than 2 months. (Doctors note must be provided **If withdrawing after 6 months contract: Deposits will only be applied after the 6 months contract has ended along with a 2-month prior notice submitted. In this case the earliest that a deposit can be applied after all necessary requirements are met will be March & April. If requirements met 2 months' notice is needed for deposit to be applicable. *No attendance letters will be given during the six-month contract period.**

SIX MONTH CONTRACT

Each undersigned Parent/guardian of the student listed below has read and accepts the foregoing provisions and requirements.

_____/_____/_____
Print Name of Father/Guardian Signature of Father/Guardian Date

_____/_____/_____
Print Name of Mother/Guardian Signature of Mother/Guardian Date



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KINDERGARTEN

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: _____

1st & 2nd GRADE

I fully understand that my deposit at Little Flower Montessori School will be held until the last 2 months of the academic year (May & June). At such time, the deposit will be applied for those 2 months only; if for any reason I choose to withdraw prior to June, I would forfeit my deposit(s) in addition to the remaining tuition payment until my contract is fulfilled outlined on page 4 in the handbook.

Name of Child: _____

Full Name of Parent: _____ Date: _____

Parent Signature: _____ Date: _____