



LITTLE FLOWER MONTESSORI SCHOOL

2 Kilmer Road
 Edison, New Jersey 08817
 Phone: (732) 339-0909
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www.littleflowermontessorischool.com

APPLICATION FOR ADMISSION 2025 – 2026

For Office Use Only

Start Date: _____

Cash / Check #: _____

Amount: _____

Bus Form:

Class: _____

Mom PIN: _____ Dad PIN: _____

CHILD	FIRST			MIDDLE			LAST			MM DD YR			
	Name of Child: _____									Today's Date: ____ / ____ / ____			
	Date of Birth: MM / DD / YR			Age: _____		Sex: Male Female (Circle)			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 Pediatrician: _____		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	(3:45 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: _____