



# LITTLE FLOWER MONTESSORI SCHOOL

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[www.littleflowermontessorischool.com](http://www.littleflowermontessorischool.com)

## APPLICATION FOR ADMISSION 2024 – 2025

*For Office Use Only*

Start Date: \_\_\_\_\_

Cash / Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Bus Form:

Class:    1        2        3

Mom PIN: \_\_\_\_\_ Dad PIN: \_\_\_\_\_

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

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

<b>EMERGENCY CONTACTS</b>	<i>Relationship:</i>		<i>Relationship:</i>	
	<i>Contact Name #1:</i>		<i>Contact Name #2:</i>	
	<i>Cell Phone:</i>		<i>Cell Phone:</i>	
	<i>Name of Pedritician:</i>		<i>Phone Number:</i>	
	<i>Address:</i>			

<b>PROGRAMS</b>	<b>IN PERSON</b>		<b>EXTENDED CARE OPTIONS</b>	
	<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 <sup>st</sup> 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 <sup>nd</sup> 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 1<sup>ST</sup> & 2<sup>ND</sup> 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



# LITTLE FLOWER MONTESSORI SCHOOL

## 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: \_\_\_\_\_

## 1<sup>st</sup> & 2<sup>nd</sup> 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: \_\_\_\_\_