



LITTLE FLOWER MONTESSORI SCHOOL

2 Kilmer Road
 Edison, New Jersey 08817
 Phone: (732) 339-0909
 Fax: (732) 339-9042
www.littleflowermontessorischool.com

For Office Use Only

Start Date: _____

Cash /Check #: _____

Amount: _____

Class: 4 5 6

Session: FD AM PM

Mom PIN: _____ **Dad PIN:** _____

APPLICATION FOR ADMISSION 2025 – 2026

| | | | | | | | | |
|--------------|------------------------|----------------------|-----------------------|---------------------|----------------------|---|-------------------|-------------------|
| CHILD | <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> | <i>Sex: Male Female</i> <small>(Circle)</small> | | |
| | <i>Street Address:</i> | <i>Apt:</i> | | | <i>City:</i> | <i>State:</i> | <i>Zip Code:</i> | |

| PARENTS INFORMATION | FATHER | | | | MOTHER | | | |
|----------------------------|---|--|--|----------------|---|--|--|--|
| | <i>Last Name:</i> | | | | <i>Last Name:</i> | | | |
| | <i>First Name:</i> | | | | <i>First 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 | | | |

| EMERGENCY CONTACTS | <i>Contact Name #1:</i> | <i>Contact Name #2:</i> |
|---------------------------|------------------------------|-------------------------|
| | <i>Relationship:</i> | <i>Relationship:</i> |
| | <i>Cell Phone:</i> | <i>Cell Phone:</i> |
| | <i>Name of Pediatrician:</i> | <i>Phone Number:</i> |
| | <i>Address:</i> | |

| PROGRAMS | TODDLERS (NOT POTTY TRAINED) (18 MONTHS TO 2.5 YRS) | PRE - PRIMARY (3 YRS TO 5 YRS) | PRE - PRIMARY EXTENDED CARE OPTIONS | |
|-----------------|--|---|---|---|
| | <input type="checkbox"/> Full Day Session (8:00 AM – 4:00 PM) Monday to Friday | <input type="checkbox"/> Full Day Session (8:45 AM – 3:15 PM) Monday to Friday | <input type="checkbox"/> Morning Session (8:45 AM – 11:30 AM) Monday to Friday | <input type="checkbox"/> Before Care (8:00 AM – 8:45 AM) Monday to Friday |
| | <input type="checkbox"/> Aftercare (4:00 PM – 6:00 PM) Monday to Friday | <input type="checkbox"/> Afternoon Session (12:30 PM – 3:15 PM) Monday to Friday | <input type="checkbox"/> Aftercare (3:45 PM – 6:00 PM) Monday to Friday | |

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): _____



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TODDLER / PRE-K

I understand that my deposit at Little Flower Montessori School will be retained until the final month of the academic year (June). At that time, the deposit will be applied to the tuition for that month only. If I choose to withdraw prior to June, I acknowledge that I will forfeit my deposit.

Name of Child: _____

Full Name of Parent: _____ Date: _____

Parent Signature: _____ Date: _____