



LITTLE FLOWER MONTESSORI SCHOOL

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 Edison, New Jersey 08817
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 Fax: (732) 339-9042
 1-800-280-0082

www.littleflowermontessorischool.com

For Office Use Only

Start Date: _____

Cash /Check #: _____

Amount: _____

Class: 3 4 5 6

Session: FD AM PM

APPLICATION FOR ADMISSION 2022 – 2023

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	
	Last Name:	_____	Last Name:	_____
	First Name:	_____	First 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	Contact Name #1: _____	Contact Name #2: _____
	Relationship: _____	Relationship: _____
	Cell Phone: _____	Cell Phone: _____
	Name of Pedritician: _____	Phone Number: _____
	Address: _____	

PROGRAMS	IN PERSON PRIMARY (3 YRS TO 5 YRS)	EXTENDED CARE OPTIONS
	<input type="checkbox"/> Full Day Session (8:45 AM – 3:15 PM) Mon - Fri	<input type="checkbox"/> Before Care (7:45 AM – 8:45 AM) Mon - Fri
	<input type="checkbox"/> Morning Session (8:45 AM – 11:30 AM) Mon - Fri	<input type="checkbox"/> Aftercare (3:15 PM – 6:00 PM) Mon - Fri

<input type="checkbox"/> Afternoon Session (12:30 PM – 3:15 PM) Mon - Fri
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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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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:

Parent Signature: Date:

