



# LITTLE FLOWER MONTESSORI SCHOOL

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

## APPLICATION FOR ADMISSION 2023 – 2024

*For Office Use Only*

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

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

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

Class: 1 3 4 5 6 7 8

Session: FD AM PM

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>	<i>Sex: Male Female</i> <small>(Circle)</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>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			

<b>EMERGENCY CONTACTS</b>	<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>			

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

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

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What are your immediate goals for your child?

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What are your long-term goals for your child?

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

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**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): \_\_\_\_\_



# LITTLE FLOWER MONTESSORI SCHOOL

## TODDLER / 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: \_\_\_\_\_

Full Name of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_