



LITTLE FLOWER MONTESSORI SCHOOL

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 Edison, New Jersey 08817
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 1-800-280-0082

www.littleflowermontessorischool.com

APPLICATION FOR ADMISSION 2024 – 2025

For Office Use Only

Start Date: _____

Cash /Check #: _____

Amount: _____

Class: 1 3 4 5 6

Session: FD AM PM

Mom PIN: _____ Dad PIN: _____

CHILD	Name of Child: <small>FIRST MIDDLE LAST</small>			Today's Date: <small>MM DD YR</small> / /		
	Date of Birth: <small>MM DD YR</small> / /		Age:	Sex: <small>(Circle)</small> Male Female		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:			E-Mail:			
<input type="checkbox"/> @ gmail.com <input type="checkbox"/> @ yahoo.com <input type="checkbox"/> @ icloud.com <input type="checkbox"/> Other			<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 Pedritician:		Phone Number:	
	Address:			

PROGRAMS	PRE - PRIMARY (3 YRS TO 5 YRS)		PRE - PRIMARY EXTENDED CARE OPTIONS	
	<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"/> Morning Session	(8:45 AM – 11:30 AM) Monday to Friday	<input type="checkbox"/> Aftercare	(3:15 PM – 6:00 PM) Monday to Friday
<input type="checkbox"/> Afternoon Session	(12:30 PM – 3:15 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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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: