



Student Application

Student Information

Students Full Name: _____ Date: _____
Last First M.I.

Home Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: _____ Gender: _____

Date of Birth: _____ Town of Birth.: _____

Pediatrician Information:
Name Address Phone
Does the applicant have siblings? YES NO Has the child attended preschool previously? YES NO
Is English spoken at home? YES NO If so, where?
Any other languages? YES NO

If yes, which languages: _____

Parent #1-Information

Parents Full Name: _____ Date: _____
Last First M.I.

Occupation: _____

Work Location: _____
Address City State ZIP Code

Hours per week: _____ Email address : _____

Date of Birth: _____

How did you find out about Montessori Escuela? _____

Parent #2-Information

Parents Full Name: _____ Date: _____
Last First M.I.

Occupation: _____

Work Location: _____
Address City State ZIP Code

Hours per week: _____ Email address : _____

Date of Birth: _____

How did you find out about Montessori Escuela? _____

Emergency Contact for your child _____
Name Phone Number

Additional Information

Please explain your interest in our Spanish Immersion Montessori Program:

Additional Information

Please tell us about your child. (What activities does he/she enjoy? Has your child been in preschool or any other group extracurricular activities prior to enrolling in our program? If so, where? What are your child's favorite hobbies, dislikes, etc.)

Medical History

Are there any medical issues we should be aware of? Any medications illnesses, surgeries, etc.? _____

Nutritional Requirements

Does your child have any allergies or nutritional requirements that we should know of? _____

Identification Regulations

Regulations by the State of Massachusetts require a physical description (height, hair color, eye color, etc.) and photograph of enrolled students for emergency purposes. Please attach below.

Description: _____

Staple Photo Here

Notice of non-discrimination

Montessori Escuela does not discriminate on the basis of age, race, color, gender, religion, national origin or disability in its program admissions or educational services.

Signature: _____ Date: _____

Office Use Only

Students Name: _____

Last

First

M.I.

Accepted

YES NO

Waiting List

YES NO

Primary Language: _____

Sibling in program

YES NO

Student age: _____

Date of Admission: _____

Processing of Applications

Please send your completed application and a \$50 non-refundable fee by check or money order to:

Montessori Escuela
34 Ridge Road
Belmont, MA 02478
Attention: Admissions