



Montessori School of Greenville, Inc.
305 Pelham Road
Greenville, South Carolina 29615
Phone: 864.232.3447 **www.montessorigreenville.com**
Fax: 864.232.1919 **E-mail: info@montessorigreenville.com**

Office use only	
Start _____	W/L _____
9-3 _____	9-12 _____ MM _____
Age at start _____	
Date returned _____	
Ck# _____	Amt. _____

The application must be filled out in its entirety. Partially filled out applications cannot be considered. A non-refundable application fee of \$50.00 must accompany this application form.

Child's full name: _____ Child's Date of Birth: _____

Name to be used at school: _____ gender: (male) ___ (female) ___ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Child lives with: both parents ___ mother ___ father ___ other (specify): _____

Is your child adopted? yes ___ no ___ Date of adoption _____ from where? _____

Requested start date: _____ to attend for how many years? _____

Please check preferred program:

- | | |
|-------------------------------------|------------------------------|
| Elementary Students Ages 6 -9 years | 9:00 a.m. - 3:00 p.m. _____ |
| Primary Students Ages 2½-6 years | 9:00 a.m. - 3:00 p.m. _____ |
| Primary Students Ages 2½-4 years | 9:00 a.m. - 12:00 p.m. _____ |
| Mini Montessori Ages 2½-3 years* | 9:00 a.m. - 12:00 p.m. _____ |

*Intended for a child's first exposure to school or group care. The program begins with attendance T, W, Th., moving to 5 days weekly in January.

Child's current school: _____ Dates from: _____ to: _____

Person to contact: _____ Phone: _____

Child's previous school: _____ Dates from: _____ to: _____

Person to contact: _____ Phone: _____

Father (Dr.) (Mr.): _____ Education: _____ School: _____

Name of employer: _____ Work Phone: _____

Position: _____ Cell Phone: _____

Email (please print clearly): _____

Mother (Dr.) (Mrs.) (Ms.): _____ Education: _____ School: _____

Name of employer: _____ Work Phone: _____

Position: _____ Cell Phone: _____

Email (please print clearly): _____

Siblings:

Name: _____ Gender: _____ Birth date: _____ School: _____

Name: _____ Gender: _____ Birth date: _____ School: _____

Please list any siblings or family members that have previously attended Montessori School of Greenville: _____

Mother's primary language: _____ Father's primary language: _____

Language spoken at home: _____ Other language you are teaching your child: _____

My child can follow directions in English: yes ___ no ___ He/She can make needs known in English: yes ___ no ___

Did either parent attend a Montessori School? yes ___ no ___ If yes, who and where? _____

Who may we thank for referring you to the Montessori School of Greenville? _____

Child's Health History:

Was your child born after a full term (39-40 week) pregnancy? yes___ no___ if no, number of weeks: #_____

Please describe your child's health including developmental history: _____

Has your child been seen by a medical professional for anything other than routine physicals: yes: ___ no: ___

If yes, describe: _____

Is your child receiving, or has ever received, outside services (speech therapy, physical therapy, counseling, etc.)?

yes: ___ no: ___ If yes, describe: _____

****A copy of the report for services must accompany this application****

Please list any medications your child takes on a daily basis: _____

Is there any history of learning disabilities in your immediate or extended family? yes: ___ no: ___ If yes, please explain: _____

Time child goes to bed: _____ Time child wakes up: _____

Amount of time using electronics (computer, TV, games, iPad, etc.) each day: _____

Child's Background Information (attach an extra sheet of paper if necessary):

Is your child completely toilet trained? yes ___no___ Can he/she use the toilet unassisted? yes ___ no___

Does your child take naps? yes ___ no___ If yes, how long and at what time of day? _____

Describe your child's greatest strengths: _____

Most children have fears (i.e. dogs, thunder, dark, etc.). What is your child afraid of? _____

Children often misbehave. What does your child do when disobedient? _____

How do you discipline your child? _____

How does your child react to being disciplined? _____

In what areas would you like to see your child's potential more fully developed? _____

Describe your child in ten words or less: _____

Child's Environments:

Home: Adults other than parents regularly in the home:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Next page, please

Play: Playmates: Number: _____ Ages: _____ Child prefers to play: alone: _____ in a group: _____

Favorite Play Activities: _____

With other children and family members, my child is: (circle all that apply): assertive leader follower social passive-resistant articulate impulsive vivacious aggressive confident shy self-centered anxious cheerful manipulative self-disciplined distractible mature for age quiet immature for age stubborn impatient

How does your family enjoy spending time together? _____

About the Montessori Method of education:

What do you expect from a Montessori education? _____

Why do you think a Montessori education is right for your child? _____

Have you read about Montessori? yes _____ no _____ If yes, what? _____

Have you observed a Montessori School of Greenville classroom? If so, when? _____

Are there any hobbies, cultural experiences, or outside interests that you would be willing to share with the class? Please list: _____

Comments: _____

I have enclosed with this application a copy of any former school records, testing, and results of any outside services for my child. I authorize the Montessori School of Greenville to contact my child's current or previous school. I acknowledge that all statements made are truthful and accurate and hereby apply for the admission of (child's name) _____ to the Montessori School of Greenville, Inc., and agree to abide by all rules and regulations thereof. I understand that an observation of the morning work cycle is *required* prior to enrolling my child.

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

Students are selected without regard to race or creed. All information will be treated confidentially.

110216

Please attach a current photo of your child for the school to keep.

