



ELEMENTAL ARTS MONTESSORI

APPLICATION FOR ADMISSION
364 Argyle Road Brooklyn, NY 11218
(718) 484-0942

Entering September _____

Child's Name: _____ Birthdate: _____

Name child is usually called: _____ Male: _____ Female: _____

Home Address: _____ Birthplace: _____

_____ Telephone: _____

Parent's Name: _____ Occupation: _____

Address & Telephone (if different from above): _____

Name & Address of Employer: _____

_____ Telephone: _____

Community Interests & Activities: _____

Parent's Name: _____ Occupation: _____

Address & Telephone (if different from above): _____

Name & Address of Employer: _____

_____ Telephone: _____

Community Interests & Activities: _____

Parents are: ___Married ___Single ___Separated ___Divorced ___Domestic Partners

 ___Mother Deceased ___Father Deceased

Student lives with: ___Both Parents ___Mother ___Father ___Other

If parents are separated or divorced, please answer the following:

Who is the legal guardian? _____

Who will be responsible for tuition payments? _____

To whom should correspondence and reports be sent? _____

Other adults living in the household? Name & relationship: _____

Please see reverse.

Is this your biological child? _____ Adopted? _____ At what age? _____

If adopted, is the child aware of the adoption? _____

Does your child speak more than one language? _____ If so which languages? _____

Names, ages and schools of other children in the family: _____

Child's current school or program: _____

Dates Attended: _____ Contact Person: _____ Telephone: _____

Previously attended schools or programs and dates (include playgroups, art, music, etc):

General health condition and history of child (include special health problems, allergies, serious accidents, hospitalizations, physical disabilities, psychological and speech/language concerns):

I am requesting the following session:

___ 8:30am -11:30am ___ 8:30am-3:45pm ___ 12:45pm-3:45pm

Please tell us any information which you feel will affect your child's experience at school. We would be interested to know about your expectations regarding his/her preschool experience.

I wish to apply for admission to Elemental Arts Montessori for my child and give my permission for EAM to contact previously attended programs/schools. I am enclosing a check for the non-refundable application fee of \$65.00 made payable to Elemental Arts Montessori.

Name of Parent/Guardian completing this form: _____

Signature of Parent/Guardian: _____ Date: _____

Elemental Arts Montessori does not discriminate in violation of the law on the basis of race, religion, creed, color, gender, sexual orientation, age, physical challenge, national origin, or any other characteristic.