

CENTENNIAL MONTESSORI SCHOOL
APPLICATION FOR ADMISSIONS
2009-2010

Student's Full Name: First, Middle, Last _____ Called _____

Home Address _____ Chinese/Spanish Name (if any) _____

City _____ State _____ Zip _____ Phone _____

Female _____ Male _____

Birth date _____ Age: years, months _____

Program to which you are applying: Please note that all Children's House Programs run on an academic year schedule and meet five days a week. The Toddler Community meets 4 days a week.

Children's House: (ages 3-6 yrs) _____ Mandarin Program _____ Spanish Program

_____ Open to both or either

_____ Four Hour Morning Program: 8:45 am to 1:00 pm (lunch time included)

_____ Three Hour Morning Program: 8:45 am to 12:00 pm

_____ Full Day Program: 8:45 am to 2:45 pm (required for children 4.5 yrs. and older)

Toddler Program: (ages 2 years-3.5 yrs.) Monday through Thursday

_____ Morning Program: 9:00 am to 11:30 am

_____ Morning with Lunch: 9:00 am to 12:30 pm

Desired Start Date: _____

Child's Current School _____ Duration _____

Previous Schools _____ Duration _____

Has your child had any Montessori experience? _____

How did you hear about Centennial? _____

What aspects of our program most attract you to Centennial? _____

Parent/Guardian Information

Parent/Guardian's Full Name Relationship to Student

Home Address (if different from student) City, State, Zip

Home Phone Mobile Phone Email

Employer Position Phone

Work Address

Parent/Guardian's Full Name Relationship to Student

Home Address (if different from student) City, State, Zip

Home Phone Mobile Phone Email

Employer Position Business Phone

Business Address

Custodial Parent

Address of person responsible for tuition payment (if different from above)

Sibling Information:

Name	Age	Relationship	School Attending

Getting to know your family and your child: Please answer the relevant questions that will enable us to know your child better and understand your interests and goals for him/her. Feel free to add additional pages if necessary.

What are your educational goals for your child? How do you see Centennial Montessori School facilitating these goals?

Please give us a snapshot of what your child’s daily life is like outside of the time he/she would be at school (classes, activities, playtime, favorite games, bed times).

How do you see your child in respect to his/her social and emotional development?

Do you have any particular concerns about your child that we may be able to help with?

Is there any significant medical history of which we should be aware? Has any diagnostic evaluations (educational or psychological) been completed for your child?

Do you have any special talents, background, resources or interests that you would like to share to enhance the Centennial Montessori community?

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date

Please enclose a non-refundable application fee of \$50 and return this form to Centennial Montessori School
Mailing address: Centennial Montessori School 27 Tenth Avenue, San Mateo, CA 94401.