



# Application for Admission 2009 - 2010

**CHECK DESIRED PROGRAM:**

- Half Day Toddler** (12 mos. - 3 years)
- Half-Day Primary** (3-6 years)
- Elementary** (6-12 years)
- Full Day Toddler** (12 mos. - 3 years)
- Full-Day Primary** (3-6 years)

**AM/PM Care (available for Full Day Enrollments only):**

We **will** need:  AM Care  PM Care  We **will not** need AM/PM Care.

Student's Name \_\_\_\_\_  
First Middle Last Calling Name Birth date

Home Address \_\_\_\_\_ Male  Female

City State Zip Code Phone

If child has had previous Montessori experience, Name of school \_\_\_\_\_  
Complete address of school \_\_\_\_\_  
School's telephone \_\_\_\_\_ Dates Attended \_\_\_\_\_

What date would this child be available to start? \_\_\_\_\_ Is another child in your family applying?  YES  NO

Have you made application to Three Tree Montessori previously?  YES  NO

Have you observed at Three Tree Montessori?  YES  NO If yes, on what date? (month/year) \_\_\_\_\_

*The following information will be used for the Family Directory unless otherwise indicated:*

Parent/Guardian  
Full Name \_\_\_\_\_  
\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
Home Address if different from student Phone  
\_\_\_\_\_  
email address  
Occupation \_\_\_\_\_

Parent/Guardian  
Full Name \_\_\_\_\_  
\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
Home Address if different from student Phone  
\_\_\_\_\_  
email address  
Occupation \_\_\_\_\_

*Please do not include our family information in the Family Directory.*

Who of named parent/guardian is responsible for child's support? \_\_\_\_\_

Names and ages of siblings (include current school): \_\_\_\_\_

To whom should billing be sent if other than above? \_\_\_\_\_

Relatives who are attending or have attended TTM: \_\_\_\_\_

How did you hear about Three Tree Montessori? \_\_\_\_\_

**Tuition Assistance:**

Do you wish to receive tuition assistance application materials?  YES  NO

The completed Tuition Assistance Application must be returned to the school no later than February 28<sup>th</sup> prior to the fall academic term.

**The following information will enable us to get to know this child better.**

What are your educational goals for this child? How do you see Three Tree Montessori facilitating these goals?

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What role can we expect the child's parent(s)/guardian(s) to play in facilitating this child's educational goals?

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Does this child have any hobbies, sports, or special interests, or unusual capabilities or talents?

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How do you see this child in his/her social and emotional development?

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Does this child have foreign language education or background?

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Is this child's general development & academic performance in her/his present school consistent with your expectations?

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Has this child had any remedial work, special tutoring, or enrichment classes during the past 2 years? If so, in what academic area?

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Is there any significant medical history about which we should be aware and/or have any diagnostic evaluations (educational or psychological) ever been completed for this child? Please give details. Please request that a copy of educational testing or evaluations be sent to us.

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Are you aware of any areas in which we might be able to give special help and encouragement to this child?

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**Signature of Parent or Guardian making application** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian making application** \_\_\_\_\_ **Date** \_\_\_\_\_

*For families new to Three Tree Montessori, a non-refundable application fee of \$75 must accompany this application.*

Three Tree Montessori  
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Website [www.threetree.org](http://www.threetree.org)