

# CORNERSTONE MONTESSORI SCHOOL

## Application for Admission

Student's Full Name: - First Middle Last Calling Name

Home Address City State Zip Home Phone ( )

Ethnic Origin Native Language Child's Social Security #

Birth date and place Current Age Gender Date of Entry to School

Present/Most Recent School/Preschool/Daycare Present Grade Dates Attended

Mailing Address of most recent school/preschool/daycare Name of teacher/counselor School Phone Number ( )

Please list any other schools or childcare settings your child has attended on the back of this form.

Through what age do you anticipate your child attending Cornerstone? \_\_\_\_\_

Have you previously applied to Cornerstone? \_\_\_\_\_

Do you have another child who is applying?  YES  NO Do you have any other children attending?  YES  NO

Name of sibling (s) attending \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian-Full Name ( )  
Phone

\_\_\_\_\_  
Home Address/if different from student

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Work Place ( )  
Phone

\_\_\_\_\_  
Work Address

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

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

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Home Address ( )  
Phone

\_\_\_\_\_  
Parent/Guardian-Full Name ( )  
Phone

\_\_\_\_\_  
Home Address/if different from student

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Work Place ( )  
Phone

\_\_\_\_\_  
Work Address

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address where parent can be reached (if available): \_\_\_\_\_

Best time of day/night and method of contacting parent: \_\_\_\_\_

Program Preference (please check the age of your child and desired attendance)

\_\_\_\_ **Toddler Community (16 months- 32 months)**      **OR**      \_\_\_\_ **Children's House (33 months - 6 year olds)**

\_\_\_\_ Half Day (8:30 a.m.-12:30 p.m. / includes lunch)

\_\_\_\_ School Day (8:30 a.m.-3:30 p.m.)

\_\_\_\_ School Day plus after care (8:30 a.m.-5:30 p.m.)

- Before school care (7:30-8:30 a.m.) is available on a prearranged, contract basis only.

- Children are expected to attend school each day of the week; Monday – Friday.

- Parents are encouraged to leave their toddlers for no longer than 8 hours and their 3 to 6 year olds for no longer than 9 hours a day.

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Who will drop off the child? \_\_\_\_\_ Drop off time \_\_\_\_\_

Who will pick up the child? \_\_\_\_\_ Pick up time \_\_\_\_\_

Others who are authorized to pick up the child:

Name	Relation to child	Telephone
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_____		

Is there anyone that is specifically NOT authorized to take your child from the school? Please list:

\_\_\_\_\_

\_\_\_\_\_

**Tuition information:** Scholarships are available for families who qualify and are approved.

\_\_\_\_ Paying Regular Tuition      \_\_\_\_ Receiving County Child Care Assistance

### Help us get to know your child:

Child's Nickname \_\_\_\_\_

Variations of child's name you wish we NOT use \_\_\_\_\_

What language(s) is/are spoken in your child's home?

\_\_\_\_\_

Names and ages of family members (if you need more room, please use back of form):

Relationship	Full Name	Age	Living with Child- yes/no
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How does your child respond to groups of people?

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Has your child experienced major changes in the family lifestyle or living arrangements, such as a death of a relative, divorce, or move to a new residence? Please describe.

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Do you have any specific reservations or concerns about leaving your child in a school setting? Does your child have any individual child care program needs? If so, please describe.

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Please list your child's special interests:

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Does your child have any fears, such as animals, loud noises, water? If so, please specify and explain.

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Which of your child's behavior do you consider most challenging to manage?

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How much "screen time" (television, videos, computer) does your child have each day?

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Is your child using diapers? If not, does your child have toileting accidents? How often? When are they most likely to occur?

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Is there any significant dietary or medical history we should be aware of and/or have any diagnostic evaluations (educational or psychological) ever been recommended and/or completed for this child? Please give details. Please request that a copy of educational testing or evaluations be sent to us if your child will be attending Cornerstone Montessori School.

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Provide a brief description of your child's eating, sleeping, and communicating habits. We would also like to know effective methods of comforting your child.

Please tell us anything else you would like us to know about your child?

**To facilitate your child's transition to a Montessori environment, please encourage your child to do the following independently: dressing, undressing, eating, toileting, and other practical living skills.**

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**Return To:**

**Cornerstone Montessori School**

**ADMISSIONS**

**1611 Ames Ave.**

**St. Paul, MN 55106**

Cornerstone Montessori School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally made available to all students at the school. We do not discriminate on the basis of race, color, national and ethnic origin in administration of the educational or admissions policies, scholarship and loans programs, or any other school program or operation.

Date: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_