

ENROLLMENT APPLICATION

Mail to and payable to:

Vincent S. Mastro Montessori Academy
36 Birch Avenue Little Silver, NJ 07739 732 842-5816
Application fees: \$75 Primary \$100 Elementary \$10 Summer



Please indicate the appropriate sessions for which you are applying:

Primary: Half Day: ___ Full Day: ___ All Day: ___ Elementary: ___

For Enrollment in: September: ___ January: ___ Summer: ___ Year: _____

Child's Full Name: _____ Birth Date: _____ Sex: ___

Home Address: _____ Home Phone: _____

Town and State: _____ Zip Code: _____ - _____

Home E-mail Address: _____

Mother's Full Name: _____ Cell Phone: _____

Mother's Occupation/Employer: _____

Father's Full Name: _____ Bus. Phone: _____

Father's Occupation/Employer: _____

Please indicate previous Montessori or other schooling: Dates attended:

Indicate the intended length of stay: To Age 6 ___ Other: ___ If other, please explain:

Please indicate which school your child will attend after Montessori:

Name: _____ Public: ___ Private: ___ Undecided: ___

How did you learn of the Vincent S. Mastro Montessori Academy?

Reason for applying to the Vincent S. Mastro Montessori Academy:

What are your expectations for your child at Montessori?

How do you expect your child to adjust to school? _____

How does your child respond to discipline?

Is your child dependent ___ or independent ___ for his or her age?

Is your child partially ___ or completely ___ toilet-trained?

How many hours a day does your child watch TV, use computers or play videos? ___ hrs.

List the names and ages of your child's siblings:

List the name and relationship of all other persons living in the child's home:

List the name and type of your child's pets: _____

Is one or both parents away from home for extended periods? If yes, please explain:

Are the child's parents separated ___ divorced ___ or is either parent deceased _____?

Is your child regularly cared for by someone other than the parents? If so, please explain:

What language other than English is spoken in the child's home?

Was your child adopted ___?

Does your child have any physical ___ or emotional ___ disabilities? If so, please explain: _____

Does your child require medication? Yes ___ No ___ If yes, indicate type and dosage:

Parent's Signature: _____ Date: _____