



## Hands-On Montessori School

✉ 12 Creeden Street Mansfield, MA 02048  
HOMontessori@aol.com

☎ (508) 339-HOMS

### APPLICATION

Child's Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Language \_\_\_\_\_ Second Language \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Legal Guardian # 1 \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Parent/Legal Guardian # 2 \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Other Primary Caregiver \_\_\_\_\_

Others Living in the Home (names, ages, relationship) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Previous Group Experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will gain from a Montessori education? \_\_\_\_\_

\_\_\_\_\_

Which class would you prefer, morning or afternoon or either? (Choosing "either" puts your child on both waiting lists: \_\_\_\_\_

Extended Day Kindergarten (8:30 to 3:30) \_\_\_\_\_

\*available for those children who meet the criteria for public school kindergarten or have reached at least 4.9 years by September 1st and display developmental readiness (to be determined by the school)

When would you like to enroll your child (month & year)? \_\_\_\_\_

How many years do you intend to enroll your child? \_\_\_\_\_

What talents, skills, and/or resources would each parent bring to the school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did you first learn of Hands-On Montessori School? \_\_\_\_\_

\_\_\_\_\_

A \$45.00 non-refundable application fee must accompany this application.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

Office Use Only:

Application Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female \_\_\_\_\_

Age: September 2000 \_\_: \_\_\_\_ years \_\_\_\_ months

Interview Conducted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: \_\_\_\_\_

\_\_\_\_\_