



## Topsail Montessori Application

Child Information		
First Name:	Nickname:	Last Name:
DOB:	Age:	Gender:
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other (please specify)		
Parent/Guardian Information		
Parent/Guardian 1	Parent/Guardian 2	
Name:	Name:	
Phone:	Phone:	
Email:	Email:	
Address:	Address:	
Occupation/Employer:	Occupation/Employer:	
Names & Ages of siblings and other Family Members living with your child:		
Language(s) spoken at home:		
Programs		
5-Day Programs (M-F)	Full Day 8:15a-3:15p	Half Day 8:15a-12:15p
Stepping Stones (ages 2-3)	<input type="checkbox"/>	<input type="checkbox"/>
Primary (ages 3-6) (child must be independently toileting)	<input type="checkbox"/>	<input type="checkbox"/>
Elementary (Grades 1-6)	<input type="checkbox"/>	Grade upon enrollment _____
Year Round (all programs)	<input type="checkbox"/> Check here if you're interested in our full-day year-round options where child care is available on non-school days (e.g., during intersessions and summers) and before and after school care.	
<b>2- &amp; 3-Day Programs (ages 3-4)</b> 8:15a-12:15p	<input type="checkbox"/> 2-days	<input type="checkbox"/> 3-days

Desired Start Date (Month/Year):

### Contacts

The child will only be released to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, Topsail Montessori has permission to contact the following individuals. **Please list 3 people.**

Name	Relationship	Phone Number

### Health Care Needs

For any child with health care needs that require specialized health services (e.g., allergies, asthma, or other chronic condition), a medical action plan should be attached to the application. The medical action plan must be completed by a parent or health care professional. **Is a medical action plan attached?**  Yes  No

List any allergies and the symptoms and type of response for the allergic reaction:

List any health care needs or concerns, symptoms and type of response needed:

List any types of medication taken for health care needs:

Share any other information that has a direct bearing on ensuring safe medical treatment for your child:

Child's Doctor:

Phone:

Hospital Preference:

Phone:

### Prior School Experience

Has your child had any previous school/daycare experience?  Yes  No

If yes, please indicate below and have each school complete and return the records requested to Topsail Montessori. Please include homeschooling experience. Additional information may be written on a separate page and attached to the application to ensure we receive a complete school history.

Name & Location of School:

Dates Attended:

Name & Location of School:	Dates Attended:
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**Physical, Social, Emotional & Academic Profile**

What's a typical day for your child?

Describe your child's personality, interests and temperament.

If applicable, please share about your child's toileting independence:

100% Diapers     100% Independently Toileting     Diapers some of the time - Please explain:

Does your child have any conditional that may require specific attention from the staff?  Yes     No  
 If yes, please describe (attach additional paper as needed).

Please describe any concerns regarding your child's health, temperament, learning style or socialization.

Does your child have any special medical, cognitive or emotional needs?  Yes     No  
 If yes, please describe (attach additional paper as needed).

**Why Topsail Montessori?**

Why are you interested in your child attending Topsail Montessori?

What do you value most about your child’s educational experience?

How do you think your child would benefit from attending our Montessori school?

**PLEASE READ AND SIGN BELOW**

I hereby make an application for admission to Topsail Montessori. I have enclosed an application fee of \$75. I understand this fee is non-refundable and will NOT be applied toward tuition or fees. I affirm that the statements made on this application for admission are true and complete to the best of my knowledge. If any statements are found to be false, this is grounds for dismissal from the school with no discount in financial obligation. The school will process a fully completed application in a timely manner (usually within 2 weeks).

Parent Signature:

Date:

Parent Signature:

Date:

**Please mail your completed application, accompanied by a \$75 application fee payable to “Topsail Montessori”, to 301 Whitebridge Road, Hampstead, NC 28443.**



Thank you for applying to our school! We look forward to learning more about your child and exploring together how a Montessori education at Topsail Montessori could be the right educational setting for your child to flourish.