

# Application for Admission

2018-2019 Academic Year (September, 2018 - June, 2019)

**Student's name** \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Date of birth (must be on or before 11/1/15) \_\_\_\_\_ Sex \_\_\_\_\_

Home address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home phone \_\_\_\_\_

**Parent/guardian's name** \_\_\_\_\_

Home address (if different) \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent/guardian's name** \_\_\_\_\_

Home address (if different) \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone \_\_\_\_\_

Email \_\_\_\_\_

**Please select the program you are interested in:**

- Half Day (8:30am-1pm, M-F) \$16,000
- Standard Day (8:30am-3pm, M-F) \$17,200
- Extended Day (8:30am-6pm, M-F) \$21,300

\*Our Extended Day program fills up quickly; if Extended Day is not an option would you consider Standard Day?  Yes  No

**In order to help us get to know your child, please take a moment to answer the following questions:**

1. How did you first become interested in Carrig Montessori School? \_\_\_\_\_

\_\_\_\_\_

2. Please explain why you feel a Montessori setting would be conducive for your child in terms of his/her learning style and personality.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What are some of your concerns, hopes and expectations in regard to your child's early childhood education experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What type of child care is currently being used? If your child attends a preschool or daycare please include the name of the program as well as the age at which your child started and the days and hours s/he attends each week.

\_\_\_\_\_

\_\_\_\_\_

5. If your child has been attending another preschool/daycare please describe your and your child's experience with the setting. What are your reasons for leaving?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please describe both strengths and challenges you have observed when seeing your child in a social setting.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please describe the cognitive strengths and challenges you feel your child possesses.

---

---

---

---

---

8. Has your child received any Early Intervention services or has it ever been suggested to you that your child undergo an evaluation to receive services for learning, speech, behavior, physical therapy, or occupational therapy? If so, please attach the summary of the findings or explain your reasoning for not proceeding with the evaluation.

---

---

---

---

9. Does your child have any physical limitations, including allergies, that may affect his/her experience at school? Please explain.

---

---

10. Do you anticipate that your child would require any special accommodations to be able to fully participate in our program?

---

---

11. Is there anything about your child's early development that may help us better understand him/her? Is there anything significant about the age at which your child reached certain developmental milestones?

---

---

---

---

12. Besides English, are any other languages are spoken at home? \_\_\_\_\_

13. Please tell us about any other children in your family:

Name \_\_\_\_\_ Age \_\_\_\_\_ Current School (if any) \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Current School (if any) \_\_\_\_\_

14. Have children of your friends or relatives attended CMS? If so, who? \_\_\_\_\_

15. Do you have any friends who are also applying to CMS this year? If so, who? \_\_\_\_\_

16. How long would you like your child to attend CMS: through preschool, pre-k, or kindergarten? \_\_\_\_\_

17. Is there anything else you would like us to know? \_\_\_\_\_

**Parent/guardian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/guardian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please mail completed application to:**

Carrig Montessori School, 100 Maspeth Avenue, Brooklyn, New York 11211

A non-refundable application fee of \$50 should accompany this form. Please pay by check or money order made out to Carrig Montessori.

Applications must be received no later than January 31, 2018.

**Our Enrollment Process**

After we have reviewed your application, you will be contacted to schedule a tour of the classroom. This tour is for parents only, and allows you the opportunity to become more familiar with our program. Once you have attended a tour, you will be contacted to set up a child visit, during which your child will interact with the Montessori Materials in a classroom setting.

Students are *not* accepted on a first come first served basis. Decisions are made only after the application deadline, and are based on maintaining a balanced classroom environment and a supportive parent community. Returning students and siblings of former and current students, who have attended CMS for at least 2 years, are given priority.

Decision letters will be mailed on February 15th, 2018. Upon written notice of approval, a non-refundable deposit of \$2,800 is due, which is applied toward the year's tuition. In order to secure a spot, deposits must be received no later than February 28th, 2018. Parents of children who have been placed on our waiting list will be contacted as space becomes available.

For more information on Carrig Montessori School, please visit [www.carrigmontessori.com](http://www.carrigmontessori.com), or call 718-388-1023.

CMS does not discriminate based on race, religion, family structure, gender identification, sexual preference or national/ethnic origin.