



Community Program Application

Student 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)		
Contact Information		
Parent/Student 1	Parent/Student 2	
Name:	Name:	
Phone-Cell:	Phone-Cell:	
Phone-Home:	Phone-Home:	
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:		
Program Applying To		
Elementary Meetup (6-11yrs)	<input type="checkbox"/> 3:30-5:30pm Tuesdays	Sept. 3 - Dec. 10 (\$200 or \$16/class)
Teen Meetup (11-16yrs)	<input type="checkbox"/> 9:00am-1:00pm Tuesdays	Sept. 3 - Dec. 10 (\$325 or \$25/class)
Community Connection	(details coming soon)	
Montessori Playdate	(details coming soon)	

Contacts

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:

Physical, Social, Emotional & Academic Profile

What's a typical day for your child?

Describe your child's personality, interests and temperament.

Does your child have any fears or unique behaviors?

<p>Does your child have any conditions that may require specific attention from the staff? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe (attach additional paper as needed).</p>	
<p>Please describe any concerns regarding your child's health, temperament, learning style or socialization.</p>	
<p>Does your child have any special medical, cognitive or emotional needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe (attach additional paper as needed).</p>	
<p>What types of programs are you seeking?</p>	
<p>Please describe the types of programming your family is seeking:</p>	
<p>What do you value most about your child's educational experience?</p>	
<p>How do you envision your child benefitting from attending the program you've selected?</p>	
<p>PLEASE READ AND SIGN BELOW</p>	
<p>I have enclosed the appropriate fees due for the programs I've selected. I understand this fee is non-refundable once the program has begun. 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 program with no discount in financial obligation.</p>	
<p>Parent Signature:</p>	<p>Date:</p>

Please submit your completed application with fees payable to "Topsail Montessori." Class fees are due at enrollment and are non-refundable. Our mailing address is 301 Whitebridge Road, Hampstead, NC 28443. You may call our office at 910.319.0813 with any questions. Thank you!