



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-Cell/Home:	Phone-Cell/Home:	
Phone-Work:	Phone-Work:	
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		
Stepping Stones (ages 2-3)	<input type="checkbox"/> Full Day 8:15am-3:15pm	<input type="checkbox"/> Half Day 8:15am-12:15pm
Primary (ages 3-6)	<input type="checkbox"/> Full Day 8:15am-3:15pm	<input type="checkbox"/> Half Day 8:15am-12:15pm
Elementary (Grades 1-6)	<input type="checkbox"/> Full Day 8:15am-3:15pm <input type="checkbox"/> Virtual/Blended Classroom	Grade upon enrollment _____
Middle School (Grades 6-8)	<input type="checkbox"/> Full Day 8:15am-3:15pm <input type="checkbox"/> Virtual/Blended Classroom	Grade upon enrollment _____
Desired Start Date (Month/Year):		

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: _____

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:
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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.

Does your child have any fears or unique behaviors?

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 a 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 submit your completed application to our offices with a \$75 application fee payable to “Topsail Montessori.” Our mailing address is 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.