



**Application Info    Integrative Montessori Nursery School**

Date Applied \_\_\_\_\_ Applying for Year \_\_\_\_\_ start month \_\_\_\_\_

**Program Choice** (please circle day and time)

Five days                      9am to 12pm                      9am-3:30pm

Other

**Child's Info**

Name

Date of Birth                                      Place of Birth                                      Male / Female

Student Address

Phone

	Mother or Guardian	Father or Guardian
Name		
Address		
Occupation		
Employer		
Home Phone		
Work Phone		
Email		

**Siblings & Other Family**

**Office Only                                      Status**

App Received		Offer Date		Deposit Rec	
Wait list		Enrollment Date		Last Month	
Tour date					

Application Continued	Integrative Montessori Nursery School
Child's previous daycare experience	
Child's personality & interests	
Child's toilet training - what process is he/she in	
Child's current schedule (play/nap times)	
Why have you chosen Montessori School?	
Please describe your goals for your child at IMNS (add additional sheet if needed)	
<b>Health</b>	
Describe general health	
Hospitalizations, illness or injury	
Medications- List any	
Allergies	
Other info concerning health, temperament, learning ability or socialization	
<p>I understand that I am submitting this application for consideration of enrollment for my child at IMNS. If my child is accepted and enrolled in IMNS's program, I am responsible for full tuition for the school year. I will sign an enrollment contract and submit a refundable security deposit equal to 1 months tuition.</p> <p>IMNS admits students of any race, color, nationality or ethnic background to our program</p>	
Parent Signature	
Parent Signature	