



APPLICATION FOR ADMISSION

Child's Name _____ Male/Female _____ Date _____
 Date of Birth _____ Child's Current Age _____
 Home Address _____
 City _____ State _____ Zip Code _____
 Main Telephone _____ (Home/ Cell/ Other) Email _____

Name of **Father** _____
 Place of Employment/Address _____

Occupation _____ Business Phone _____
 E-mail _____ Cell Phone _____

Name of **Mother** _____
 Place of Employment/ Address _____

Occupation _____ Business Phone _____
 E-mail _____ Cell Phone _____

Legal Custodian of Child _____
 Names and ages of siblings: _____
 Child's previous experience: _____

Indicate any medical concerns or other conditions affecting child:

How did you learn about Meadows Montessori?

Please check desired hours of attendance and circle program schedule options on right.
 (Use space on right if description doesn't apply)

Pre-Primary programs start at 7:30am and half-day pickup is at 12:00pm.

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | 7:00 – 12:30 (Before Care and Half-day) | |
| <input type="checkbox"/> | 9:00 – 12:30 (Half-day) | <u>Please circle program desired</u> |
| <input type="checkbox"/> | 9:00 – 3:00 (Full-day) | Primary – 5 or 4 Day/wk |
| <input type="checkbox"/> | 9:00 – 6:00 (Full-day and After Care) | Pre-Primary 5 or 3 or 2 Day/wk |
| <input type="checkbox"/> | 7:00 – 6:00 (Full-day and After Care) | Infant and Elementary 5 Day/wk |
| <input type="checkbox"/> | 7:30 – 6:00 (Infant Program) | |
| <input type="checkbox"/> | Elementary program 9:00 – 3:00 (Instructional day) | |
| <input type="checkbox"/> | Elementary program including before care and aftercare 7:00 – 6:00 | |

Submit \$50 non-refundable fee with this application

185 Thomas Johnson Dr., Frederick, MD 21702

((301) 662-8910