

# Montessori Schools of Central Texas

## Enrollment Application

SY 2024-2025

This information will be held confidential and only be released by signed consent of parent or guardian. Failure to provide complete and accurate medical or behavioral information for your child will be grounds for non-admission or dismissal from The Montessori Schools of Central Texas.

Date of application \_\_\_\_\_ How did you hear about our school? \_\_\_\_\_

New Student                       Returning Student                       Summer Camp Program Only\*  
\*Open only to Montessori students

\_\_\_\_\_ **Primary Program (3 to 6 years of age)** – through Kindergarten  
*Class Hours: 8:30 a.m.-2:30 p.m. School opens at 6:30 a.m. and closes at 6 p.m.*

\_\_\_\_\_ **Elementary Program (6 to 11 years of age) \***  
*Class Hours: 8:30 a.m.-3:30 p.m. School opens at 6:30 a.m. and closes at 6 p.m.*

\*Must be 6 years of age by August 1, 2024 to be considered for the elementary program

Student's Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Child's Age \_\_\_\_\_

## Primary Sponsor (Parent/Guardian)

Name & Title (Mr./Mrs./Ms./Dr.) \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(If different from child)

Email \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ Preferred Phone \_\_\_\_\_

## Secondary Sponsor (Parent/Guardian)

Name & Title (Mr./Mrs./Ms./Dr.) \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(If different from child)

Email \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Child lives with:  both parents  mother  father  step-parent  other \_\_\_\_\_

Please answer the following medical and behavioral questions:

Has your child ever been dismissed, or withdrawn from a daycare center, private or public school for behavioral problems?  Yes  No If yes, describe the problem and the name of the center or school: \_\_\_\_\_

\_\_\_\_\_

Does your child still have this problem?  Yes  No

Does your child hit or have aggressive tendencies toward other children or teachers?  Yes  No

Reason for enrolling your child at the Montessori Schools of Central Texas: \_\_\_\_\_

\_\_\_\_\_

Check illnesses your child has had:  Chicken pox  Diphtheria  German Measles  Measles  Mumps  Tonsillitis  Whooping Cough  Asthma  Typhoid  Scarlet Fever  Tuberculosis  Polio  Ear Infections  Allergies\* \_\_\_\_\_

\*Listed food allergies require a physician's diagnosis and treatment plan to be submitted with application.

Does your child have vision difficulties? \_\_\_\_\_ Does your child wear glasses or contacts? \_\_\_\_\_

Does your child have hearing difficulties? \_\_\_\_\_ Does your child wear a hearing aid? \_\_\_\_\_

Does your child have speech difficulties? \_\_\_\_\_ Does your child attend speech classes? If yes, when and where? \_\_\_\_\_

Has your child been referred for testing for any learning difficulties? \_\_\_\_\_

Has your child been diagnosed by a health professional for any learning difficulties?  Yes  No

Is your child presently under the care of a physician, psychologist, or therapist? \_\_\_\_\_ If so, why?

\_\_\_\_\_

Does your child take medication on a regular basis? \_\_\_\_\_ If so, list the medication by name and describe why your child takes it:

\_\_\_\_\_

Does your child wear any special appliances or equipment which will be worn at school including dental appliances? \_\_\_\_\_

Are there any past or present family situations that could impact your child's attendance, behavior, or stress level?

\_\_\_\_\_

I understand that the enrollment of my child is contingent upon the completion of the Enrollment Contract that is valid from the start date through May 24, 2024 \_\_\_\_\_ (Initial)

I certify that the above information is complete and accurate to the best of my knowledge. If there are any changes during the school year, I understand that it is my responsibility to notify the school.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_