



Child Information & Application

100 Saratoga Village Blvd. 34A, Malta, NY 12020
Telephone 518.633.1971 • Fax 518.633.1974
www.maltamontessori.com

Child's Name _____ Date of Birth _____ Sex _____
Address _____
Home Phone Number _____ School District your family resides in _____

MOTHER

Name _____ Cell Phone _____
Business Phone _____ Place of work _____
Profession _____ Email _____

FATHER

Name _____ Cell Phone _____
Business Phone _____ Place of work _____
Profession _____ Email _____

PARENTS/GUARDIANS

Parents/Guardians are Married Separated Divorced Single Parent Domestic Partner

With whom is the child living? _____

Who is the legal guardian? _____

SIBLINGS

Name(s) _____

Date of Birth _____ School and Grade _____

We are applying for admission to the following program:

Primary: Half Day Full Day Kindergarten

Lower Elementary: Grade 1 Grade 2 Grade 3

Please list the names and relationship of all parents and/or significant adult family members living with the child.

In order that we may prepare an environment that will meet the individual needs of your child please supply the following information:

Does your child have any: disabilities, allergies, dietary restrictions, medical requirements? Please describe.

What is your Child's primary language or other language spoken.

Is your child adopted? Yes No

Has your child attended any programs previously?

Why are you interested in having your child attend the Malta Montessori School?

What are your expectations of your child's education at Malta Montessori?

Please list your child's strengths, interests and talents.

Please describe your child's physical, cognitive, and social development. Include your child's particular strengths and weaknesses and any health conditions or experiences that would affect his/her experience at Malta Montessori.

Please list and organized groups or special classes your child takes outside of school.

Has your child ever experienced discipline challenges (including suspension or expulsion) in an educational setting. If so please explain.

Are there any assessments, reports or documentation regarding this child we should know about? If so please explain.

Is there any other information we should know in order to fully understand your child or family? Including any areas needing special attention as well as your goals for your child at our school. Please tell us about your family's community interests and activities.

In what ways would you be interested in participating or sharing your interests/talents/resources at Malta Montessori?

Have any family members attended a Montessori School? Please list who, where and when.

Does your child/family know anyone at Malta Montessori School?

How did you hear about the program at the Malta Montessori School?

- Phone Book Word of Mouth Internet Search Ad Malta Montessori Parent/Family (name) _____
 Other _____

How long do you expect to keep your child enrolled at the Malta Montessori School? (Check all that apply)

- For the Primary (3-6 years old) Preschool - Kindergarten
 For the Lower Elementary program (6-9 years old) Grade 1-3
 For the Upper Elementary program (9-12 years old) Grades 4-6

The information we have provided on this application is truthful, accurate, and complete. We understand that withholding information or providing inaccurate information about our child may jeopardize his/her application and if enrolled may result in his/her dismissal from school.

Name of Parent Guardian _____
Signature _____ Date _____

Name of Parent Guardian _____
Signature _____ Date _____

Please Note: A \$50 non refundable application fee is required with submission of this form.

We look forward to the days ahead getting to know you and your family! Thank you.

Malta Montessori has a commitment to the principal of diversity. In that spirit Malta Montessori does not discriminate in violation of the law on the basis of race, religion, creed, color, gender sexual orientation, age, physical challenge, national origin, or any other characteristics.