



# The Children's Cooperative Montessori School

## Elementary Admission Application

Application Date: \_\_\_\_\_ Year Applied for: \_\_\_\_\_ Age on 9/1 \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Date of Birth: \_\_\_\_\_ Number of Siblings: \_\_\_\_\_ Ages: \_\_\_\_\_

Present Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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**Parent/ Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Parent/ Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student resides with: \_\_\_\_\_

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Applying for:

\_\_\_ Lower Elementary (ages 6-9) \_\_\_ Upper Elementary (ages 9-12)

Previous Schools attended by applicant:

Name \_\_\_\_\_ Address \_\_\_\_\_ Dates \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Dates \_\_\_\_\_

Relatives or friends who have attended The Children's Cooperative Montessori School ;

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(over please)



# The Children's Cooperative Montessori School

## Parent Questionnaire

(Attach additional sheets as necessary)

1. How did you become interested in our Montessori School?
2. If you are changing schools what is your reason for changing schools?
3. Please describe how your family gets ready to go out for the day i.e. who's responsible for coats, jackets, shoes getting necessary equipment into the car etc..
4. Please describe a meal at your house include preparation – what is made, who makes it, who sets and cleans the table what is your child's role in the process and who is usually present to sit and eat
5. You have just arrived at a friend's or relative's house;, Please describe how your child most likely interacts upon arriving, how does s/he get along during the function and leaving.
6. What is your educational goal for your child and how do you believe the school will assist your child in working towards that goal?
7. How will your family support the mission of the school? What hobbies and interests could be used to contribute to the school community?
8. Please describe your child's general health, including allergies and early development history.
9. Specify any special educational, physical or emotional needs of your child
10. What was the most recent parenting book you referred to when you had an issue or question?

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Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Please return completed application to:

The Children's Cooperative Montessori, 268 Fairmount Ave., Hyde Park, MA 02136

A registration fee of \$50 must accompany this application and is non-refundable and is not applied to tuition.

An optional photo of your child may also be included.