



*Independence. Respect. Responsibility.*

## Application for Admission

**Child's Full Name** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Present Age** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Mother or Guardian** \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Father or Guardian**

Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Siblings**

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested Days (Please circle) M T W Th F

Desired Start Date \_\_\_\_\_

Child's Name \_\_\_\_\_

In order for us to learn more about your child and family, please answer the following questions.

1. Please tell us a little bit about your family and how long you have lived in the valley.

2. Please describe your child: temperament, personality, interests...

3. What are your child's previous social experiences (playgroups, daycare, and preschool)?

4. Please describe how your child behaves in group situations, such as daycare, birthday parties, toddler classes, with siblings, etc.

5. Please describe if/how your child plays independently.

Child's Name \_\_\_\_\_

6. Please share with us your parenting approach, philosophy, and/or methodology.

7. What are your goals and expectations regarding your child's preschool experience?

8. What is your experience with or understanding of the Montessori philosophy?

9. Why do you think Gore Range Montessori is the right fit for your child and family?

10. How did you learn about Gore Range Montessori?

11. Is there any other information you would like to share?

## **Admissions and Application**

Children are evaluated on the basis of readiness for school and potential for success in a Montessori classroom. It is equally important to determine whether the parents' educational philosophy is comparable with that of Gore Range Montessori. Gore Range Montessori welcomes all qualified individuals regardless of sex, race, color, creed, disability, national, or ethnic origin.

I hereby apply for the admission of \_\_\_\_\_ to Gore Range Montessori and agree to abide by the rules and regulations thereof.

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

**Please return application and \$30 application fee to:**

**Gore Range Montessori**

P.O. Box 2981

Edwards, CO 81632

(970) 926-3333

[edwards@gorerangemontessori.com](mailto:edwards@gorerangemontessori.com)

Application fee can be paid by check to Gore Range Montessori or by Zelle to [Edwards@gorerangemontessori.com](mailto:Edwards@gorerangemontessori.com)