



SECRET GARDEN MONTESSORI

APPLICATION FOR SPROUTS AND PRIMARY PROGRAMS

CLASSROOM LEVEL

- SPROUTS (18 months-2.5)
Please circle: M T W TH F
- 1ST YEAR PRIMARY (Age 3-4)
- 2ND YEAR PRIMARY (Age 4-5)
- 3RD YEAR PRIMARY (Age 5-6)

EXTENDED CARE PROGRAMS

- BEFORE CARE* (7:30-8:30am)
Please circle: M T W TH F
- AFTER CARE* (3-5:30pm)
Please circle: M T W TH F
- VACATION CARE
- SUMMER PROGRAM

START DATE

- IMMEDIATE OPENING
- SUMMER 20__
- FALL 20__

*Please check with the office regarding before and aftercare availability

APPLICANT INFORMATION

 LAST NAME FIRST NAME MI MALE FEMALE

 DATE OF BIRTH PLACE OF BIRTH _____ YRS _____ MTHS
 PRESENT AGE

FAMILY INFORMATION

 PARENT/GUARDIAN #1 LAST NAME FIRST NAME MI Mr. Mrs. Dr. Ms.

 HOME ADDRESS CITY STATE/ZIP COUNTY

 HOME PHONE CELL PHONE EMAIL ADDRESS

 EMPLOYER NAME OCCUPATION/TITLE WORK PHONE AND EMAIL

 PARENT/GUARDIAN #2 LAST NAME FIRST NAME MI Mr. Mrs. Dr. Ms.

 HOME ADDRESS CITY STATE/ZIP COUNTY

 HOME PHONE CELL PHONE EMAIL ADDRESS

 EMPLOYER NAME OCCUPATION/TITLE WORK PHONE AND EMAIL

PARENTS/GUARDIANS ARE: MARRIED SEPARATED DIVORCED SINGLE PARTNERS WIDOWED

STEPPARENT NAME (IF APPLICABLE) _____

WITH WHOM DOES THE APPLICANT LIVE? BOTH PARENTS MOTHER FATHER OTHER

PLEASE LIST OTHER CHILDREN IN YOUR FAMILY

NAME _____ DATE OF BIRTH _____ GRADE _____ SCHOOL _____

NAME _____ DATE OF BIRTH _____ GRADE _____ SCHOOL _____

NAME _____ DATE OF BIRTH _____ GRADE _____ SCHOOL _____

NAMES AND RELATIONSHIPS OF ANY FAMILY MEMBERS WHO HAVE ATTENDED SGM

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

SCHOOL/CHILD HISTORY INFORMATION

PRESENT SCHOOL _____ DATES OF ENROLLMENT _____

ADDRESS _____

PRINCIPAL/DIRECTOR _____ PHONE _____

PREVIOUS SCHOOL _____ DATES OF ENROLLMENT _____

ADDRESS _____

PRINCIPAL/DIRECTOR _____ PHONE _____

REASON FOR CHANGING SCHOOL (IF APPLICABLE) _____

HAS YOUR CHILD EVER HAD ANY EDUCATIONAL OR PSYCHOLOGICAL DIAGNOSTIC EVALUATIONS? ___ Y ___ N

HAS YOUR CHILD RECEIVED/OR IS RECEIVING ANY EARLY INTERVENTION OR SPECIAL SERVICES? ___ Y ___ N

IF YES, PLEASE DESCRIBE THE NATURE OF THESE SERVICES.

DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS OR ALLERGIES? ___ YES ___ NO

DOES YOUR CHILD HAVE ANY SIGNIFICANT MEDICAL HISTORY WE NEED TO BE AWARE OF? ___ YES ___ NO

IS YOUR CHILD CURRENTLY UNDER MEDICAL CARE OR TAKING ANY MEDICATION? ___ YES ___ NO

IS THERE ANY MEDICAL, BEHAVIORAL, BIRTH OR ENVIRONMENTAL HISTORY THAT WILL HELP US UNDERSTAND YOUR CHILD BETTER?
PLEASE DESCRIBE.

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH A SEPARATE SHEET WITH DETAILS AND IF RELEVANT, REQUEST COPIES OF REPORTS TO BE SENT TO US FOR YOUR CHILD'S FILE



AUTHORIZATION FOR THE RELEASE OF RECORDS

NAME OF APPLICANT _____

PRESENT SCHOOL _____

ADDRESS

TELEPHONE _____ FAX _____

ON BEHALF OF MY CHILD, _____, WHO IS PRESENTLY ENROLLED AS A STUDENT AT YOUR SCHOOL, I HAVE APPLIED FOR ADMISSION TO SECRET GARDEN MONTESSORI BEGINNING WITH THE TERM STARTING _____, 20 _____.

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING:

- A COMPLETED COPY OF HIS/HER FILE
- A TRANSCRIPT OF HIS/HER ACADEMIC RECORD
- HEALTH FORMS
- RELEVANT TEST SCORES
- TEACHERS' COMMENTS AND OBSERVATIONS OF HIS/HER OVERALL DEVELOPMENTAL PROGRESS

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

PLEASE FORWARD ALL RECORDS TO:
SECRET GARDEN MONTESSORI
ATTN: HEAD OF SCHOOL
1110 HARRISON STREET
FRENCHTOWN, NJ 08825
PH 908-628-9639
FAX 908-996-9801

THIS APPLICATION IS REGARDED AS A FORMAL REQUEST FOR CONSIDERATION OF YOUR CHILD AS A POTENTIAL STUDENT AT SECRET GARDEN MONTESSORI AND AS AUTHORIZATION FOR OUR OFFICE TO OBTAIN TRANSCRIPTS AND RECOMMENDATIONS FROM PREVIOUS SCHOOLS.

UPON RECEIPT OF THIS APPLICATION AND FEE, YOUR CHILD WILL BE PLACED IN OUR ACTIVE APPLICANT POOL. OUR HEAD OF SCHOOL WORKS WITH OUR ADMISSIONS COMMITTEE TO REVIEW ALL APPLICATIONS AND MAKE OUR FINAL ENROLLMENT DETERMINATIONS. YOU WILL BE NOTIFIED OF OUR DECISION WITHIN 30 DAYS OR LESS FROM THE DATE OF YOUR APPLICATION SUBMISSION. IF ACCEPTED, YOU WILL ALSO RECEIVE AN ENROLLMENT AGREEMENT TO BE SIGNED AND SUBMITTED PROMPTLY.

SECRET GARDEN MONTESSORI DOES NOT DISCRIMINATE ON THE BASIS OF AND ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL AND ETHNIC ORIGIN, FAITH, GENDER, GENDER IDENTITY, SEXUAL ORIENTATION, PHYSICAL DISABILITY OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW, TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL.

SECRET GARDEN MONTESSORI RESERVES THE RIGHT TO AMEND OR WITHDRAW ANY PROGRAM FOR WHICH THERE IS NOT SUFFICIENT ENROLLMENT.

PLEASE SHARE WITH US THE NAME AND ADDRESS OF THE INDIVIDUAL(S) WHO WILL ASSUME FINANCIAL RESPONSIBILITY FOR TUITION (IF OTHER THAN YOURSELF):

NAME _____

ADDRESS _____

PHONE _____

SIGNATURE OF PARENT/GUARDIAN #1 _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN #2 _____ DATE _____

PLEASE SUBMIT THIS APPLICATION ALONG WITH A \$75 NON-REFUNDABLE APPLICATION FEE TO:

SECRET GARDEN MONTESSORI
1110 HARRISON STREET
FRENCHTOWN, NJ 08825

PH (908) 628-9639

FAX (908) 996-9801

EMAIL: INFO@SECRETGARDENMONTESSORI.ORG

THANK YOU FOR YOUR INTEREST IN OUR SCHOOL!