

**Application Date:** \_\_\_\_\_

**Proposed year of entrance:** \_\_\_\_\_

**Application for:** (Indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choice)

TT \_\_\_\_\_ MWF \_\_\_\_\_ Full \_\_\_\_\_

NIDO 1 \_\_\_\_\_ NIDO 2 \_\_\_\_\_ Extended Day \_\_\_\_\_

Preschool \_\_\_\_\_ Primary \_\_\_\_\_ Summer \_\_\_\_\_

**Returning Student:** \_\_\_\_\_

**New Student:** \_\_\_\_\_

**Sibling at Kinder Haus:** \_\_\_\_\_

Applicant: \_\_\_\_\_

Last

First

Middle

Preferred

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Toilet Trained (circle one) YES NO IN THE PROCESS

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

Street Address

City

State

Zip

Primary Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parent/Guardian 1**

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Resides: Full-Time Part-Time None

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Parent/Guardian 2**

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Resides: Full-Time Part-Time None

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Parent/Guardian 3**

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Resides: Full-Time Part-Time None

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Parent/Guardian 4**

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Resides: Full-Time Part-Time None

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**The submission of this application alone does not guarantee admittance into Kinder Haus Montessori ("Kinder Haus").**

**The application fee that accompanies this application is non-refundable.**

**Applicant Information:**

How did you learn about Kinder Haus? \_\_\_\_\_

What interests your family about Kinder Haus? \_\_\_\_\_

Does the child have any medical concerns or considerations, including any allergies? Yes \_\_\_ No \_\_\_ Prefer Not to Disclose \_\_\_  
If yes, please explain: \_\_\_\_\_

What are the applicant's interests and hobbies? \_\_\_\_\_

Has the applicant ever been tutored for a learning difficulty? Yes \_\_\_ No \_\_\_ Prefer Not to Disclose \_\_\_

Has the applicant ever been evaluated? Yes \_\_\_ No \_\_\_ Prefer Not to Disclose \_\_\_

If yes, please indicate purpose: Speech \_\_\_ Vision \_\_\_ Psychological \_\_\_ Educational \_\_\_ Prefer Not to Disclose \_\_\_

What led to the evaluation? \_\_\_\_\_

What was the recommendation of the evaluation? \_\_\_\_\_

Please give the name and address of the evaluator: \_\_\_\_\_

May we contact the evaluator? Yes \_\_\_ No \_\_\_ Prefer Not to Disclose \_\_\_

Phone of evaluator \_\_\_\_\_

Has medication ever been recommended for educational/social/emotional concerns for applicant? Yes \_\_\_ No \_\_\_ Prefer Not to Disclose \_\_\_

Has the child run away from a guardian or previous caregiver, teacher, sitter, daycare, or school before? Yes \_\_\_ No \_\_\_  
Prefer Not to Disclose \_\_\_

Is there anything else you think we need to know? \_\_\_\_\_

**Applicant's Current/Most Recent School (If Applicable: This Includes Daycare):**

School: \_\_\_\_\_

School Address: \_\_\_\_\_ School phone: ( ) \_\_\_\_\_

Teacher: \_\_\_\_\_ What was the child's experience like? \_\_\_\_\_

**Applicant's Siblings:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Does child reside with Applicant? Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Does child reside with Applicant? Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Does child reside with Applicant? Yes \_\_\_ No \_\_\_

**Applicant's Pets (breed and name):** \_\_\_\_\_

**Please indicate all that apply:**

Financial correspondence should be mailed to: Parent/Guardian 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_

All other correspondence should be mailed to: Parent/Guardian 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_

# IMPORTANT

Before this application can be considered, the following additional items are needed.

- Profile Form completed by present teacher if applicable (this form will be sent to your child’s current School if needed with your permission)
- Copy of the Applicant's Immunization Records
- Copy of current custody order indicating child custody, child visitation schedule, and domiciliary status (if applicable)
- Copy of current protective orders or restraining orders concerning the applicant (if applicable)
- Records from previous school (if applicable)
- **\$ Non-refundable Application Fee. This fee does not guarantee admission.**
  - The \$30 application/wait list fee will be sent via email after your application has been processed.

**If you find the philosophy of Kinder Haus to be compatible with yours, you may then contact our Admissions Office.**

**Upon receipt of the above, you will be notified via telephone or letter of the date and time to come to the school for an essential and informative meeting. Every prospective applicant must be represented by at least one parent or family representative, but please do not bring children to the meeting. This meeting will take approximately thirty (30) minutes.**

I, \_\_\_\_\_, the undersigned parent/guardian, have the authority to fill out this application and I attest that the information I have submitted is current and accurate. In the event the information on this form I provide on this form is inaccurate or fraudulent then I understand that it is grounds for terminating any agreement made herein after which relied upon information supplied here.

Signature of Parent/Guardian

Date

By signing below, you grant Kinder Haus permission to send a student profile form to the applicant child's current school. You also authorize the release of transcripts, standardized test results, samples of work and teacher comments if applicable.

Signature

Date

**Kinder Haus admits qualified students of any race, gender, genetic makeup, disability, religious affiliation, national or ethnic origin, to all the rights, privileges, programs and activities generally accorded or made available to students at the school.**

### For Office Use Only ADMISSIONS CHECKLIST

____ Application Fee # _____ \$ _____	____ Transcript Request Sent
____ Immunization Records	____ Profile Form Sent
____ Screening	____ Enrollment Agreement Sent
____ Notification Letter Sent _____ Returned _____	____ Enrollment Agreement Received # _____ \$ _____
____ Custody and/or Protective Orders	____ Student Visitation Date _____

Comments: \_\_\_\_\_

\_\_\_\_ Student Accepted

Date

Director’s Signature



## Wait List Acknowledgment Form

Thank you for your interest in Kinder Haus Montessori. By signing the below form, you are acknowledging that there is no guarantee of an opening for the school year for which I am applying. If an opening becomes available, it will be filled based on the schedule available, position on the wait list, and the hours needed to fill the position. A non-refundable \$30 deposit per child is required to add the child's name to our wait list. **The wait list is only active from one period of registration until the next (January-December).** Registration begins in January for the following school year. It is not the responsibility of Kinder Haus Montessori's staff to contact anyone on the wait list about registration.

If an open position does become available, a staff member will call/email to inform you about the available position. There is a 24-hour window where you can either reserve or pass on the position offered. If we do not hear from you within 24 hours, we will ask the next person on our wait list. If you would like your child to take the position, you must be sure to pay the full \$175 registration fee as well as the supply fee for the year in order to guarantee the position is held for your child.

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

Child's Birthday: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Desired Schedule: \_\_\_\_\_

**I understand the information on the wait list acknowledgement form and agree to pay the \$30 non-refundable fee.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date