

Application Date: _____

Proposed year of entrance: _____

Application for: (Indicate 1st, 2nd, 3rd choice)

TT _____ MWF _____ 5-Day _____

Summer _____ School Day _____ Extended Day _____

Infant _____ Toddler _____ Preschool _____

Bridge _____ Primary _____

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 ___

Have you toured Kinder Haus already? Yes/ No 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 \$200 registration fee as well as the supply fee for the year in order to guarantee the position is held for your child.

**Please return completed applications to:
admissions.kinderhaus@gmail.com**

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