

APPLICATION FOR ADMISSION

YOUR CHILD							
First Nama	Middle Name	Last Namo		Data of Birth	A.G.	Gender (M/F)	
First Name	Middle Name	Last Name		Date of Birth	Age	Genaer (IVI/r)	
Home Address		City	State	ZIP Code	Phone		
Desired starting date	Current environmen	t (home, daycare, relatives, etc.	١	Name of daycare	currently attending	(if annlicable)	
Desired starting acts	Current C	t (nome, adjected, classes, 211	,	1101110 01 00702.2	currently accome	, (II applicable)	
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Special care needs (diet, allergies	, other needs)						
Nap Time (From – To)		Immunization St	atus (immunized; me	edical exemption; non-medic	cal exemption), req	uired by DHS	
TOTAL OF CHARDIAN							
PARENT OR GUARDIAN							
First Name	Middle Name	Last Name		Relationship to Ch	nild (Mother, Fathe	r, Guardian)	
Title / Occupation Place of Work							
Title/Occupation, Place of Work							
Home Address (if different from o	child)		City		State	ZIP Code	
Phone Number		E-mail					
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PARENT OR GUARDIAN							
First Name	Middle Name	Last Name		Palationshin to Ch	nild (Mother, Fathe	r Guardian)	
FIISt Name	Middle Name	Last Name		inclationship to Ci	illa (iviotilei, i atile	i, Guardiani,	
Title/Occupation, Place of Work							
Home Address (if different from o	child)		City		State	ZIP Code	
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Phone Number		E-mail					
OTHER CHILDREN IN THE FAMILY							
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First Name	Middle Name	Last Name		Age	Ger	nder (M/F)	
First Name	Middle Name	Last Name		Age	Ger	nder (M/F)	
				0 -		, ,	
First Name	Middle Name	Last Name		Age	Ger	nder (M/F)	



HOW DID YOU HEAR ABOUT US? PLEASE BE SPECIFIC.							
PROGRAMS APPLYING FOR							
Children's House (33 months – kindergarten year)	Toddler Community (16 mont	ns – 3 years)					
(8:00 am – 8:30 am) Morning Extended Day	(8:00 am – 8:30 am) Mo	(8:00 am – 8:30 am) Morning Extended Day					
(8:30 am – 3:45 pm) Full Day	(8:30 am – 3:45 pm) Ful	(8:30 am – 3:45 pm) Full Day					
(3:45 pm – 5:00 pm) Afternoon Extended Day	(3:45 pm – 5:00 pm) Aft	(3:45 pm – 5:00 pm) Afternoon Extended Day					
*ALL PROGRAMS ARE 5 DAYS A WEEK							
PARENT OR GUARDIAN SIGNATURE. ONE SIGNATURE IS SUFFICIENT.							
Name	Signature	Date					
Name	Signature	Date					
Name	Signature	Date					
This completed and signed form shall be submitted to info@tcimontessori.org . \$100 non-refundable Application Fee							
will be invoiced and paid electronically.							
We take your privacy seriously. All information on this application is kept confidential.							
TCI Bilingual Montessori does not discriminate on the basis of race, color, national/ethnic origin, or religious affiliation in							
administration of its educational policies, admissions policies, and other school-administered programs. No attempt is made to							
select students of special or outstanding ability.	·						
TCI Bilingual Montessori reserves the right to change policies or information regarding the school or the enrollment process							
should the need arise.							