

## Toddler Program Application 2026-2027

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Family E-mail Address: \_\_\_\_\_

If not with both parents, with whom does the child reside? \_\_\_\_\_

**Parent 1 name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Workplace: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Parent 2 name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

Workplace: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

How did you learn about Our World Montessori?

If you heard about us from a current or former family, please let us know whom we should thank for the recommendation:

Has your child previously participated in any type of program? If so, which program have they attended?

Why do you wish to enroll your child in a Montessori Program?

What are your expectations of your child's education at Our World Montessori?

What role do you wish to play in your child's early education and in our school community?

Please describe your child's strengths and challenges.

In order for us to prepare the environment that will meet the needs of your individual child, please supply the following information. Does your child have any disabilities, allergies, dietary restrictions, or medical requirements? Please describe.

Your child's primary language: \_\_\_\_\_

Other languages spoken in the home: \_\_\_\_\_

Has your child ever experienced any behavioral or learning challenges (including evaluations/assessments, suspension or expulsion) in an educational setting?

Yes \_\_\_ No \_\_\_ If yes, please explain.

Are you committed to keeping your child at Our World Montessori through the 3-year curriculum cycle (kindergarten) in our Children's House? Yes \_\_\_ No \_\_\_

\*Please note that as we are an authentic Montessori school, families who are not committed to the completion of the program may not be offered enrollment.

Our Toddler Program is available for children who are 18 months old by September 1st of the year they will begin in our program.

Please rank your choice of program (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>):

- 3 days / week - Monday, Tuesday, Wednesday
- 3 days / week - Wednesday, Thursday, Friday
- 4 days / week - Monday, Tuesday, Thursday, Friday
- 5 days / week - Monday – Friday

Please indicate the hours you are interested in having your child attend.

- Half-Day program                      8:30 – 12:30
- Full-Day program                        8:30 – 3:00
- Morning Care addition                7:30 – 8:30
- Aftercare (early pick-up)            3:00 – 4:30
- Aftercare (late pick-up)              3:00 – 5:30

Thank you for taking the time to fill out this application completely. The information contained in it will be kept confidential. **Please return this form with a non-refundable application fee of \$100.** We must receive both your completed application and application fee before your child can be considered for placement in our program. If we are able to offer your child a place at Our World Montessori, we will contact you to begin the enrollment process.

Parent 1/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Our World Montessori is an inclusive community committed to the principle of diversity. We do not discriminate on the basis of race, color, national or ethnic origin, religious or spiritual beliefs, gender, sexual orientation, family configuration, political affiliation, or marital status in the administration of our employment, educational or admissions policies, or tuition assistance programs.

