



Hans Christian Andersen Montessori School

212 Bolton Center Rd
Bolton, CT 06043
(860) 646-5727
www.hcams.org

New Student Application Form

Child's Information

Full Name: _____ Birth Date: _____
Last First Middle
 Address: _____
Street Address Apartment/Unit #
City State ZIP Code
 Phone: () _____ Sex: M F

Desired Program (choose first, and if any, second choice)

Monday – Friday (5 Day Program)

<input type="checkbox"/> Full Day (8:25 a.m. – 3:25 p.m.)	<input type="checkbox"/> Morning Session (8:25 a.m. – 11:30 p.m.)
<input type="checkbox"/> Before Care (7:45 a.m. – 8:25 a.m.)	<input type="checkbox"/> After Care (3:25 p.m. – 5:25 p.m.)

Monday – Thursday (4 Day Program)

<input type="checkbox"/> Full Day (8:25 a.m. – 3:25 p.m.)	<input type="checkbox"/> Morning Session (8:25 a.m. – 11:30 p.m.)
<input type="checkbox"/> Before Care (7:45 a.m. – 8:25 a.m.)	<input type="checkbox"/> After Care (3:25 p.m. – 5:25 p.m.)

YES NO
 Do you plan this year as his/her Kindergarten year?

Enrollment Date / School Year (*child must be 2 years 9 months by 9/30 to be enrolled as a three-year-old*): _____

Parent Information

Mother:

Full Name: _____
Last First M.I.
 Address: _____
Street Address Apartment/Unit #
City State ZIP Code
 Home Phone: () _____ Cell Phone: () _____
 Business Phone: () _____ E-mail Address: _____
 Community, Philanthropic or Social Organizations: _____ Occupation: _____

Special Interests/Talents to share with your child's class or the school community: _____

Father:

Full Name: _____
Last First M.I.
 Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Home Phone: () _____

Cell Phone: () _____

Business Phone: () _____

E-mail Address: _____

Community, Philanthropic or Social Organizations: _____

Occupation: _____

Special Interests/Talents to share with your child's class or the school community:

****NOTE: If offered a spot, we will attempt to reach you at the contact number(s) and email address(es) you list. Please be sure they are valid addresses & telephone numbers. Please update the school with changes.**

General Questions – Complete on Back of Form if Needed

From whom did you hear about Hans Christian Andersen Montessori School?

Why have you chosen to look into a Montessori learning environment for your child?

What are you looking for in a pre-school program and in a school?

What role would you like to play in your child's education?

Siblings Names and ages: (Note any former or current HCAMS students and years in attendance)

Child's prior school experience (school name, dates of attendance) and any prior day care experience.

If accepted:

- Include** my Name, Address, Home Telephone Number, and Email Address on a Parent Contact Sheet or other materials which are distributed to all HCAMS families.
- DO NOT include** my Name, Address, Home Telephone Number, and Email Address on a Parent Contact Sheet or other materials which are distributed to all HCAMS families.
- Include only:** Name Address Home Telephone Number Email Address

Method of Payment

- Ten installments
- Advanced Payments

If accepted, I agree to be responsible for payment of tuition _____