

HANS CHRISTIAN ANDERSEN MONTESSORI SCHOOL

212 Bolton Center Road, Bolton, CT 06043 • (860)-646-5727 • admin@hcams.org • www.hcams.org



New Student Application Form

Return this completed form along with application fee to address listed above

<i>Office Use Only</i>	WL: _____	cash/check: _____
Contacted: _____	Tour: _____	Observe: _____

STUDENT INFORMATION

Child's Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

_____ Gender: _____
City/Town State ZIP

PARENT/GUARDIAN INFORMATION

Student lives with: Both Parents Parent/Guardian 1 Parent/Guardian 2

Parent/Guardian 1

Name: _____ Relation to Child: _____
Last First

Email: _____ Cell Phone: _____ Home Phone: _____

Address: _____
(if different than student)

Occupation: _____ Employer: _____

Employer Address: _____

Work Phone: _____ Any special interests/hobbies/skills? _____

Parent/Guardian 2

Name: _____ Relation to Child: _____
Last First

Email: _____ Cell Phone: _____ Home Phone: _____

Address: _____
(if different than student)

Occupation: _____ Employer: _____

Employer Address: _____

Work Phone: _____ Any special interests/hobbies/skills? _____

****NOTE: If offered a spot, HCAMS Head of School will attempt to reach you at the contact number(s) and/or email address(es) listed. Please be sure they are valid, and update the school with any changes.***

CHOICE OF PROGRAM (please mark first choice, and second choice, if any)

4-Day Program (Monday – Thursday)

Morning Session (8:25 a.m. – 11:45 a.m.)

Full Day (8:25 a.m. – 3:25 p.m.)

5-Day Program (Monday – Friday)

Morning Session (8:25 a.m. – 11:45 a.m.)

Full Day (8:25 a.m. – 3:25 p.m.)

Optional Extra Care:

Before Care (drop-off as early as 7:45 a.m.)

After Care (pick-up as late as 5:30 p.m.)

Do you plan for this to be your child’s Kindergarten year? yes no

Desired Enrollment/School Year: _____

**child must be 2 years 9 months by Sept. 30th to be enrolled as a 3-year-old. Child must also be fully potty-trained.*

GENERAL QUESTIONS

How did you hear about Hans Christian Andersen Montessori School? _____

Why have you chosen to consider Montessori education for your child? _____

What are your educational goals for your child at the preschool level? _____

Any prior school/child care experience? If yes, where? _____

Any significant medical history/allergies which we should be aware of and/or any diagnostic evaluations ever completed? _____

Please tell us anything else you think we should know about your child. _____

List names and ages of any siblings: _____

SIGNATURE

Application completed by _____ on _____
printed name date

Parent/Guardian Signature: _____

The Hans Christian Andersen Montessori School admits children of any race, religion, color, national and ethnic origin. Unless HCAMS receives permission from you to do otherwise, student and parent personal information is kept in the school’s files and is not published or shared with any other entity or organization for any reason, except as required by law.