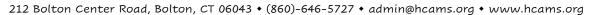
Hans Christian Andersen Montessori School





New Student Application Form

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

Office Use Only	WL: _	cash/check:
Contacted:	Tour: _	Observe:

	5	STUDENT INFORM	NOITA	
Child's Nome				Data of Divth.
Last		First	Middle	Date of Birth:
Address:				
Address: Street Address			Aptartmen	/Unit #
				Gender:
City/Town		State	ZIP	
	PARE	NT/GUARDIAN INF	ORMAT	ION
Student lives with:	☐ Both Parents	☐ Parent/Guardian 1		☐ Parent/Guardian 2
Parent/Guardian 1				
Namo			Polatio	n to Child:
Name:		First		
Email:		Cell Phone:		Home Phone:
(if different than student)				
Occupation:		Employer: _		
Employer Address:				
Work Phone:	Any	special interests/hobbies/sk	ills?	
Parent/Guardian 2				
Name:			_ Relatio	n to Child:
Last		First Call Phone:		Hama Phone
Email:		Cell Phone:		Home Phone:
Address:(if different than student)				
,				
Occupation:		Employer: _		
Employer Address:				
Work Phone:				
		5p 55141 11161 6565/11000165/5K		

*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)	<u>5-Day Program (Monday – Friday)</u>				
Morning Session (8:25 a.m. – 11:45 a.m.)	Morning Session (8:25 a.m. – 11:45 a.m.)				
Full Day (8:25 a.m. – 3:25 p.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.)				
	yes no led as a 3-year-old. Child must also be fully potty-trained. QUESTIONS				
How did you hear about Hans Christian Andersen Montesso					
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				
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.