



# ELEMENTAL ARTS MONTESSORI

**APPLICATION FOR ADMISSION**  
**364 Argyle Road Brooklyn, NY 11218**  
**(718) 484-0942 or (347) 678-0840**

*Entering September* \_\_\_\_\_

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

Name child is usually called: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Address: \_\_\_\_\_ Birthplace: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address & Telephone (if different from above): \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Community Interests & Activities: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address & Telephone (if different from above): \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Community Interests & Activities: \_\_\_\_\_

Parents are:       Married    Single    Separated    Divorced    Domestic Partners

Mother Deceased    Father Deceased

Student lives with:    Both Parents    Mother    Father    Other

If parents are separated or divorced, please answer the following:

Who is the legal guardian? \_\_\_\_\_

Who will be responsible for tuition payments? \_\_\_\_\_

To whom should correspondence and reports be sent? \_\_\_\_\_

Other adults living in the household? Name & relationship: \_\_\_\_\_

**Please see reverse.**

Is this your biological child? \_\_\_\_\_ Adopted? \_\_\_\_\_ At what age? \_\_\_\_\_

If adopted, is the child aware of the adoption? \_\_\_\_\_

Does your child speak more than one language? \_\_\_\_\_ If so which languages? \_\_\_\_\_

Names, ages and schools of other children in the family: \_\_\_\_\_

Child's current school or program: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previously attended schools or programs and dates (include playgroups, art, music, etc):

General health condition and history of child (include special health problems, allergies, serious accidents, hospitalizations, physical disabilities, psychological and speech/language concerns):

**I am requesting the following session:**

\_\_\_ 8:30am -11:30am \_\_\_ 8:30am-3:45pm \_\_\_ 12:45pm-3:45pm

Please tell us any information which you feel will affect your child's experience at school. We would be interested to know about your expectations regarding his/her preschool experience.

*I wish to apply for admission to Elemental Arts Montessori for my child and give my permission for EAM to contact previously attended programs/schools. I am enclosing a check for the non-refundable application fee of \$65.00 made payable to Elemental Arts Montessori.*

Name of Parent/Guardian completing this form: \_\_\_\_\_

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

*Elemental Arts Montessori does not discriminate in violation of the law on the basis of race, religion, creed, color, gender, sexual orientation, age, physical challenge, national origin, or any other characteristic.*