

Date Received: _____

Generations Montessori School of Scottsville

STUDENT APPLICATION

Thank you for your interest in Generations Montessori School of Scottsville. This application is the first step on your way to enrollment at GMS! When your application is complete, you will be contacted to schedule an interview.

ELIGIBILITY

In order to be considered for enrollment in the 1s/2s class, children must be at least 1 years old but not yet 3 years old by September 30th. To be eligible for the Children's House room, students must be at least 3 years old but not yet 5 years old by September 30th. Generations Montessori School of Scottsville does not discriminate based on the race, sex, ethnicity, religion, sexual orientation, national origin, or ancestry of children or their families.

To be considered, all completed applications must be submitted with the \$50 non-refundable application fee. All checks should be made payable to "Generations Montessori School of Scottsville." Once your completed application has been received, you will be contacted within two weeks to set up an informal interview to acquaint you with the program and allow you to observe the learning environment.

Applications can be emailed to:

Cmpace05@gmail.com, & rita_pace@comcast.net

Or mailed to:

Generations Montessori School of Scottsville
225 West Main Street
Scottsville, VA 24590

I have read the Generations Montessori School Parent handbook and agree to support the policies outlined herein while my child is enrolled at Generations Montessori School.

Parent 1 Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

STUDENT INFORMATION

Child's Name: _____ Nickname(s): _____

Sex: _____ Birthday: _____

Address: _____

Home Phone: _____

Known Allergies: _____

Previous child day care programs and schools attended (if any): _____

PARENT INFORMATION

Parent/Legal Guardian

Name: _____ Place of Work/Occupation: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Address (if different than child's): _____

Parent/Legal Guardian

Name: _____ Place of Work/Occupation: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Address (if different than child's): _____

What type of care are you looking for (please check one)?

1s/2s Program

Children's House Program

Half-Day (9:00AM – 12:00PM)

Half-Day (9:00AM – 12:00PM)

Full-Day (9:00AM – 5:00PM)

Full-Day (9:00AM – 5:00PM)

How did you hear about Generations Montessori School?

What is it about Generations Montessori School that appeals to you?

Please describe your child's personality/temperaments, likes and dislikes, strengths and weaknesses, fears, etc.

What are your child's special interests and activities at this time?

Is there anything you would like us to know about your child?
