

# Application for Admission

A \$35 non-refundable application fee is required to be considered for admission.

*\*indicates required fields (must be filled or application cannot be accepted)*

\*Child's Name \_\_\_\_\_ ( \_\_\_\_\_ ) \*Gender \_\_\_\_\_  
last first middle nickname

\*Date of Birth \_\_\_\_\_ \*Age in September \_\_\_\_\_ \*Preferred Start Date \_\_\_\_\_

\*Child lives with (check all that apply):

Parent 1

Parent 2

Other (list relationship):



\_\_\_\_\_

\*Check any that apply:

Parents married

Separated

Divorced

Never married

Mother deceased

Father deceased







\*Financial responsibility for this child will be assumed by \_\_\_\_\_

**Guardian 1:** Father, Mother or Step Parent (circle):

**Guardian 2:** Father, Mother or Step Parent (circle):

\_\_\_\_\_  
\*Full name

\_\_\_\_\_  
\*Full name

\_\_\_\_\_  
\*Home Address

\_\_\_\_\_  
\*Home Address (If different than Guardian 1)

\_\_\_\_\_  
\*Occupation/Title

\_\_\_\_\_  
\*Occupation/Title

\_\_\_\_\_  
\*Employer

\_\_\_\_\_  
\*Employer

\_\_\_\_\_  
\*Business Address

\_\_\_\_\_  
\*Business Address

\_\_\_\_\_  
\*Email Address (for internal use only)

\_\_\_\_\_  
\*Email Address (for internal use only)

\_\_\_\_\_  
\*Business Phone (area code/number)

\_\_\_\_\_  
\*Business Phone (area code/number)

\_\_\_\_\_  
\*Cell Phone (area code/number)

\_\_\_\_\_  
\*Cell Phone (area code/number)

**PROGRAM SCHEDULE PREFERENCE:** (please check if early arrival, nap/pm, or aftercare is needed)

Toddler Base  
8:30 – 12:00

Primary Base  
8:30 – 12:00

Elder/ Kindergarten  
8:30 – 3:30

Elementary  
8:30 – 3:30

Nap/ PM  
12:00 – 3:30  
(toddler & primary)

Early Arrival  
7:45 – 8:30

\* aftercare options are available for Primary and Elementary by using drop-in care. Please contact the office (517-336-0422) for more information

School child is currently attending \_\_\_\_\_

Previous school or child care experiences and dates enrolled \_\_\_\_\_

Name/ ages of brothers & sisters \_\_\_\_\_

How did you find out about Stepping Stones Montessori? \_\_\_\_\_

What do you feel are your child's strengths? \_\_\_\_\_

How do you hope Stepping Stones will help your child grow? \_\_\_\_\_

Are there any circumstances about which we should know? \_\_\_\_\_

Why do you think Montessori education is the right fit for your Family? \_\_\_\_\_

What is the first spoken language in the child's household? Second language? \_\_\_\_\_

To which ethnic group(s) does your child most identify? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Latino or Hispanic American                | <input type="checkbox"/> South Asian or Indian American    |
| <input type="checkbox"/> Non-Hispanic White or Euro-American        | <input type="checkbox"/> Middle Eastern or Arab American   |
| <input type="checkbox"/> Black, Afro-Caribbean, or African American | <input type="checkbox"/> Native American or Alaskan Native |
| <input type="checkbox"/> East Asian or Asian American               | Other: _____   |

OFFICE USE ONLY

Application & Fee Received \_\_\_/\_\_\_/\_\_\_ Check # \_\_\_\_\_ • Cash Application Approved \_\_\_/\_\_\_/\_\_\_