



MEAD Montessori School  
*education for life*

### Application for Enrollment – Toddler & Primary

Date \_\_\_\_\_ Enrollment for \_\_\_\_\_ 20 \_\_\_\_\_

Preferred Campus: \_\_\_\_\_ Main Campus - Island Home (Toddler, Primary)  
\_\_\_\_\_ Mead Montessori at Greenway (Toddler, Primary)

Student's Name: \_\_\_\_\_  
(First/Middle/Last)

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Nickname: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Names, Ages, Schools \_\_\_\_\_  
of Family Siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Mead Montessori School? \_\_\_\_\_

What are your expectations of a Montessori School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child involved in any activities outside of school? \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been in day care? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

Who, beside yourself, is entrusted with the care of your child? \_\_\_\_\_

What kinds of activities does your child enjoy? \_\_\_\_\_

What are your child's favorite toys and books? \_\_\_\_\_

Please describe your child \_\_\_\_\_

Does your child have any special needs so that the school may be prepared? \_\_\_\_\_

Has your child separated prior to this experience? \_\_\_\_\_

What kinds of self-care activities (dressing, washing, etc.) is you child able to do by him/herself? \_\_\_\_\_

Will your child be requiring after school care at Mead? \_\_\_\_\_

If so, for what hours? \_\_\_\_\_

Person/s Responsible for Tuition \_\_\_\_\_

Application Fee (\$100) included : \_\_\_\_\_ (Non-refundable)

When parents share special skills with the school to help support facility and administrative needs, they help in building a larger community of participation and involvement in their child's education. Please indicate below the area/s which you would most like to support:

Field trip transportation

Illustration

Fund raising

Outdoor work

Sewing

Painting

Computer help

Refreshments for meetings

Carpentry

Other \_\_\_\_\_

As these opportunities or needs arise throughout the year, the school may contact you for volunteer work.

Parent Signature \_\_\_\_\_

Please return this completed form with your application fee to the following address. The school will contact you to set up an appointment for an informal interview with your child.

Thank you.

Mead Montessori School  
2647 Bafford Place  
Knoxville, TN 37920  
(865) 577-0760  
email: [info@meadmontessorischool.com](mailto:info@meadmontessorischool.com)