



MEAD Montessori School
education for life

Application for Enrollment – Toddler & Primary

Date _____ Enrollment for _____ 20 _____

Student's Name: _____
(First/Middle/Last)

Age: _____ Birth date: _____ Nickname: _____

Mother/Guardian's Name: _____ Occupation: _____

Residence: _____ Zip: _____ Phone: _____

Business Name: _____

Business Phone: _____ Cell Phone: _____

E-mail Address: _____

Father/Guardian's Name: _____ Occupation: _____

Residence: _____ Zip: _____ 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? _____

Through what age do you plan to send your child to Montessori? _____

Has your child been in a daycare setting or in someone else's care before? _____ If yes, for how long and with whom? _____

Please list any prior school/daycare your child has attended _____

Is your child's first language English? _____ If no, what language is spoken at home and what is your child's experience with English? _____

Has your child had surgery or any other health complications? _____ If yes, what was the extent of the surgery and how long was the recovery? Has your child experienced any developmental delays because of it? _____

What are your child's sleeping schedule/habits at home? _____

What are your child's eating schedule/habits at home? _____

What are some of the activities your child enjoys at home? Are there books your child enjoys reading with you? _____

Please describe your child's personality _____

Does your child have any food or environmental allergies? _____
Has your doctor prescribed an EpiPen for your child? _____
If yes to either question, please specify allergies: _____

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

Is your child under the care of any specialists and/or therapists for any reason? _____
If so, please explain _____

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:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Field trip transportation | <input type="checkbox"/> Illustration | <input type="checkbox"/> Fund raising |
| <input type="checkbox"/> Outdoor work | <input type="checkbox"/> Sewing | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Computer help | <input type="checkbox"/> Refreshments for meetings | <input type="checkbox"/> 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.

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