

ADMISSIONS



APPLICATION

Litchfield Montessori School

5 Knife Shop Road | Northfield, CT 06778 | 860.283.5920 | www.litchfieldmontessori.org



Program Information

Young People's Community (15-36 months)

- 4 mornings (Monday-Thursday)
 5 mornings

- 4 full days (Monday-Thursday)
 5 full days

Children's House (3-6 years)

- Children's House mornings

- Children's House full days

Elementary (6-12 years)

- Lower (age 6-9)

- Upper (age 9-12)

Family Information

Student's Legal Name: _____ **Preferred Name:** _____

Date of Birth: _____ Female: Male:

Current School (if applicable): _____

Siblings: Yes No Name(s): _____

Parent/Guardian Mr. Mrs. Ms. Other

Name: _____

Relationship to Child: Parent Step Parent Guardian

Family Status: Married Divorced Other

Street: _____

Town, ST, ZIP: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Occupation: _____

Employer: _____

Email: _____

Parent/Guardian Mr. Mrs. Ms. Other

Name: _____

Relationship to Child: Parent Step Parent Guardian

Family Status: Married Divorced Other

Street: _____

Town, ST, ZIP: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Occupation: _____

Employer: _____

Email: _____

1. What aspects of Montessori education attracted you?

2. How did you hear about Litchfield Montessori?

3. Please share with us your goals for your child.

4. Does your child have any hobbies, sports, special interests, unique capabilities, or talents?

5. How do you see your child's social and emotional interactions?

6. Please share with us any medical history that would help us to better understand your child. If any diagnostic evaluations (educational or psychological) have been completed for your child, please provide detailed information and include copies. (If necessary, please attach additional paperwork).

7. Additional comments or observations you feel we should know to help us understand your child better:

FINANCIAL

Person financially responsible for tuition & billing: _____

Name: _____

Address: _____

A \$50 Application fee is required, made payable to Litchfield Montessori School.

Statement of Non-Discrimination:

The Litchfield Montessori School does not discriminate on the basis of race, religious creed, color, gender, sexual orientation, national origin, age, marital status or disability. This policy applies to, but is not limited to, admission, financial aid, and employment.



OFFICE USE ONLY

Application Fee Received Check#: _____

Observation Date: _____ **Interview Date:** _____

Transcripts Received: _____ **Contract Sent Date:** _____

Serving children 15 months to 12 years

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