



**Children's Harbor
Montessori School**

1000 Richmond Terrace
Staten Island, NY 10301
(718) 442-6112

2019-2020 Application for Admission Transitional Toddler and Pre Primary Programs

Child's Name _____

Name Child likes to be called _____

Address _____

Home Phone _____ Birthdate _____

Parent's Name _____

Street Address _____

City _____

State _____ Zip _____

Phone (H) _____ Phone (W) _____

Occupation _____

Employer _____

Address _____

Email _____

Cell Phone _____

Parent's Name _____

Street Address _____

City _____

State _____ Zip _____

Phone (H) _____ Phone (W) _____

Occupation _____

Employer _____

Address _____

Email _____

Cell Phone _____

Has your child attended any other school or playgroup? Yes No

If yes: Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ How Long Attended _____

Teacher's Name _____

Do we have permission to speak to his/her teacher about his/her experience there? Yes No

Does your child receive any special services (i.e. SEIT, Early Intervention, speech, physical or occupational therapy)?

Yes No

If so, please list, and if required, provide documentation (i.e. IEP): _____

Parent's Signatures

Date

- ***Our enrollment and admission process is based on your written application and an interview with you and your child. To register once your child's application has been accepted, the non-refundable Initial Payment (Fees and Security Deposit) must be submitted to secure your child's Program Slot.***

A. I am requesting the following School Program:

Transitional Toddler (2-3 years of age):			Pre-Primary (3-6 years of age):		
	Full Day	Half Day (A.M.)		Full Day	Half Day (A.M.)
5 day (M-F)	_____	_____	5 day (M-F)	_____	_____
3 day (M,T,W)	_____	_____	3 day (M,T,W)	_____	_____
2 day (TH,F)	_____	_____	2 day (TH,F)	_____	_____
			*Pre K For All (M-F)	_____	_____

***Pre K for All Waiver:** I (as Parent) understand that the Pre K For All Program at Children's Harbor Montessori School is contingent upon the renewal of contract and/or continuation of funding from the City of New York Board of Education. In the event of non-renewal of contract or discontinuation of funding for the Pre K for All Program, I understand that I will be responsible for the regular tuition payment for the School Year 2019-2020, if I decide to have my child attend Children's Harbor Montessori School.

(Parent Signature and Date)

B. I will need EXTENDED HOURS (check below):

AM Extended Hours 7:30 AM to 9:00 AM _____	PM Extended Hours 3:30 PM to 6:00 PM _____
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C. Please complete as applicable:

My child will be _____ years old in September [Date of Birth ____/____/____]

Names and ages of siblings _____

Have any of them attended the Children's Harbor? _____

How did you find out about our school? ___S. I. Advance ___S. I. Parents Magazine

___ S. I. Cable ___ Word of Mouth ___ Other (specify) _____