



**Children's Harbor  
Montessori School**

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

## 2020-2021 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.***

**Please Complete Reverse Side**

**A. I am requesting the following School Program:**

<b>Transitional Toddler (2-3 years of age):</b>			<b>Pre-Primary (3-6 years of age):</b>		
	<b>Full Day</b>	<b>Half Day (A.M.)</b>		<b>Full Day</b>	<b>Half Day (A.M.)</b>
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 2020-2021, 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):**

<b>AM Extended Hours</b>	<b>PM Extended Hours</b>
7:30 AM to 9:00 AM _____	3:30 PM to 6:00 PM _____

**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) \_\_\_\_\_