



APPLICATION FOR ADMISSION
Please print clearly and complete both sides of the application.

Date of Application: _____ Child's Name: _____

Sex: _____ Gender Identity: _____ Date of Birth: _____

Parent Name: _____ Parent Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Assigned school district based on home address: _____

Has your child attended a Montessori school? Yes No If yes, where? _____

If no, where did your child previously attend school? _____

Reason for leaving previous school: _____

Please select program:

Toddler Program:

___ 5 Half-Days per week (8:30am – 11:30am)

___ 5 Full-Days per week (8:30am – 3:30pm)

3-6 Program:

___ 5 Half-Days per week (8:30am – 11:30am)

___ 5 Full-Days per week (8:30am – 3:30pm) **Nap:** Yes/No

***Note: NOT currently accepting applications for this program.**

Elementary and Middle School Programs:

___ Lower Elementary (8:30am – 3:30pm) *Prior Montessori experience **required**.

___ Upper Elementary (8:30am – 3:30pm) *Prior Montessori experience **required**.

___ Middle School (8:30am – 3:30pm) *Prior Montessori experience **required**.

A NON-PROFIT CORPORATION

2900 ACOSTA STREET, KETTERING, OH 45420 P 937.293.8986 F 937.293.8996

Montessori School of Dayton is a dynamic environment for your child's school journey. One way for us to get to know your child and your family is for you to share with us some things that make your child so wonderful. Knowing these things can help us create a successful transition into their new school community.

What do you enjoy most about your child? _____

What is your greatest parenting challenge with your child? _____

What do you hope your child will gain as a student at Montessori School of Dayton? _____

At what age did your child:

Sleep through the night? _____ Smile at others? _____ Sit independently? _____

Did your child creep and crawl? ___ Yes ___ No If yes, at what age? _____ Walk independently? _____

As an infant and/or toddler, did your child make eye contact easily? ___ Yes ___ No Use words with intention? _____

Give up bottle/nursing? _____ Give up naps? _____ Does your child co-sleep? ___ Yes ___ No

If applying for the 3-6 Program, is your child completely toilet trained? ___ In-Process ___ Completely toilet trained (no pull-ups)

Our goal is to provide the best possible educational environment. Information about developmental growth would assist us with providing best practice for your child. Please check all that apply to your child and elaborate if necessary.

___ Premature birth ___ Surgeries ___ Medical ___ Sensory/Social/Attention Differences ___ Help Me Grow ___ I.E.P.

___ Allergies ___ Speech Therapy ___ Physical Therapy ___ Occupational Therapy ___ Other:

Non-Discrimination Policy

Montessori School of Dayton is committed to building a diverse faculty, staff and student body to reflect human diversity, and to improve opportunities for all. This commitment is both a moral imperative consistent with an intellectual community that celebrates individual differences and diversity, as well as a matter of law. Discrimination against any individual based upon protected status, which is defined as age, color, disability, gender identity or expression, national origin, race, religion, sex, sexual orientation, is prohibited. Equal access to admission, educational programs, scholarships/loans/fee waivers and all other school related activities is extended to all persons.

Administrative Information

All applicants are given equal consideration. Students are not placed in classrooms until all required paperwork is received. **We reserve the right to temporarily or permanently remove any child from a classroom if it is deemed necessary and in the best interest of the school and/or the child.**

(Continued on page 3)

