

## Application for Admission

A \$35 non-refundable application fee is required to be considered for admission.

*\*indicates required fields (must be filled or application cannot be accepted)*

\*Child's Name \_\_\_\_\_ ( \_\_\_\_\_ ) \*Gender \_\_\_\_\_  
last first middle nickname

\*Date of Birth \_\_\_\_\_ \*Age in September \_\_\_\_\_ \*Preferred Start Date \_\_\_\_\_

\*Child lives with (check all that apply):

Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_ Other \_\_\_\_\_  
relationship

\*Check any that apply:

Parents married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Never married \_\_\_\_\_ Mother deceased \_\_\_\_\_ Father deceased \_\_\_\_\_

\*Financial responsibility for this child will be assumed by \_\_\_\_\_

*Guardian 1: Father, Mother or Step Parent (circle):*

\_\_\_\_\_  
\*Full Name

\_\_\_\_\_  
\*Home Address

\_\_\_\_\_  
\*Social Security #

\_\_\_\_\_  
\*Occupation/ Title

\_\_\_\_\_  
\*Employer

\_\_\_\_\_  
\*Business Address

\_\_\_\_\_  
\*Business Phone (area code/ number)

\_\_\_\_\_  
\*Cell Phone (area code/ number)

\_\_\_\_\_  
\*E-Mail Address (for internal use only)

*Guardian 2: Father, Mother or Step Parent (circle):*

\_\_\_\_\_  
\*Full Name

\_\_\_\_\_  
\*Home Address (if different than guardian 1)

\_\_\_\_\_  
\*Social Security #

\_\_\_\_\_  
\*Occupation/ Title

\_\_\_\_\_  
\*Employer

\_\_\_\_\_  
\*Business Address

\_\_\_\_\_  
\*Business Phone (area code/ number)

\_\_\_\_\_  
\*Cell Phone (area code/ number)

\_\_\_\_\_  
\*E-Mail Address (for internal use only)

**PROGRAM SCHEDULE PREFERENCE: (please check if early arrival, nap/pm, or aftercare is needed)**

Toddler Base  
8:30 – 12:00

Primary Base  
8:30 – 12:00

Elder/ Kindergarten  
8:30 – 3:30

Elementary  
8:30 – 3:30

Nap/ PM  
12:00 – 3:30  
(toddler & primary)

Early Arrival  
7:30 – 8:30

Aftercare\*  
3:30 – 6:00  
(toddler)

*\* aftercare options are available for Primary and Elementary by using drop-in care. Please contact the office (517-336-0422) for more information*

School child is currently attending \_\_\_\_\_

Previous school or child care experiences and dates enrolled \_\_\_\_\_

Name/ ages of brothers & sisters \_\_\_\_\_

How did you find out about Stepping Stones Montessori? \_\_\_\_\_

What do you feel are your child's strengths? \_\_\_\_\_

How do you hope Stepping Stones will help your child grow? \_\_\_\_\_

Are there any circumstances about which we should know? \_\_\_\_\_

Why do you think Montessori education is the right fit for your Family? \_\_\_\_\_

What is the first spoken language in the child's household? Second language? \_\_\_\_\_

To which racial or ethnic group(s) does your child most identify? (circle all that apply)

Latino or Hispanic American

South Asian or Indian American

Non-Hispanic White or Euro-American

Middle Eastern or Arab American

Black, Afro-Caribbean, or African American

Native American or Alaskan Native

East Asian or Asian American

Other: \_\_\_\_\_

**OFFICE USE ONLY**

Application & Fee Received \_\_\_/\_\_\_/\_\_\_ Check # \_\_\_\_\_  Cash Application Approved \_\_\_/\_\_\_/\_\_\_