



MONTESSORI EDUCATIONAL CENTER
4209 North Bolton Avenue ♦ Alexandria, LA 71303

WAITING LIST APPLICATION

FOR OFFICE USE ONLY	
Application received	
Parent: Observed classroom	
Child visited	

CHILD'S NAME _____ Date _____

Date of Birth _____ Place of Birth _____ Sex _____

What factors prompted you to choose Montessori Educational Center for your child? *Check all that apply.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Self-paced, hands-on curriculum | <input type="checkbox"/> Academic reputation | <input type="checkbox"/> Location |
| <input type="checkbox"/> Disciplined, respectful environment | <input type="checkbox"/> This child previously attended | <input type="checkbox"/> Newspaper advertisement |
| <input type="checkbox"/> Low student-teacher ratio | <input type="checkbox"/> Older child previously attended | <input type="checkbox"/> Media publicity |

Referred by: friend relative coworker Name: _____

Comments: _____

Program Requested

- Half-Day _____ (8:00 A.M. – 11:30 A.M. for ages 2 - 4)
 Full Day _____ (8:00 A.M. – 3:00 P.M. for ages 2 - 12)
 Extended Day _____ (8:00 A.M. – 5:30 P.M. for ages 2 – 12)

School/Facility Currently Attending _____

Application for Grade _____ Application for School Year _____ Age on 09/30/ _____

Primary Children (ages 3-6): Is your child potty trained? Yes Making steady progress, but not quite consistent No, not yet potty trained
 POLICY NOTE: Registration takes place in spring. This may mean that a child who will be old enough to attend in the fall may not yet be potty trained. Fall attendance, however, is contingent on the successful completion of independent potty training: Children must be able to cleanse themselves and manage clothing without assistance. MEC is equipped as a state-approved Montessori school, not to provide daycare services. Parents will be contacted whenever bathroom mishaps require more than a simple change of clothes or more cleansing than a child can manage for himself. If you have any questions, please feel free to ask.

MOTHER'S FULL NAME			NAME USED
PHYSICAL ADDRESS			P. O. BOX
CITY	STATE	ZIP CODE	HOME TELEPHONE
OCCUPATION		PLACE OF EMPLOYMENT/SELF EMPLOYED (NAME OF BUSINESS)	
TYPE OF BUSINESS		WORK TELEPHONE/PAGER	
E-MAIL ADDRESS		CELL PHONE/PAGER	

FATHER'S FULL NAME			NAME USED
PHYSICAL ADDRESS			P. O. BOX
CITY	STATE	ZIP CODE	HOME TELEPHONE
OCCUPATION		PLACE OF EMPLOYMENT/SELF EMPLOYED (NAME OF BUSINESS)	
TYPE OF BUSINESS		WORK TELEPHONE/PAGER	
E-MAIL ADDRESS		CELL PHONE/PAGER	

Race (Please Circle): * Asian African-American Caucasian Hispanic

WITH WHOM DOES THE CHILD LIVE? (PLEASE PROVIDE DOCUMENTATION OF COURT-ORDERED CUSTODY OR GUARDIANSHIP.)

PARENTS ARE: Single Married Separated Divorced
 Parents Mother Mother and stepfather Father Father and stepmother Grandparent Guardian

SIBLINGS

Name _____ Sex ____ Age ____ Date of Birth _____

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Current and previous schools or daycares attended by applicant:

School _____ Year _____ Grade _____ Teacher _____

School _____ Year _____ Grade _____ Teacher _____

Have you had concerns in any other educational settings? _____

What are your child's interests? _____

What are your child's strengths and weaknesses?

Strengths

Weaknesses

Does your child have any particular needs or circumstances (i. e. allergies)?

What questions do you have? _____

* Montessori Educational Center, Inc. does not discriminate on the basis of sex, race, color, creed, national origin or religion. However, racial information is needed to accurately report statistical information to the State of Louisiana Department of Education.