

COLUMBUS MONTESSORI EDUCATION CENTER
ENROLLMENT APPLICATION

A NON-REFUNDABLE APPLICATION FEE OF \$50 IS DUE WITH THIS FORM

FOR OFFICE USE ONLY

APPLICATION FOR SCHOOL YEAR 20_____ TO 20_____

STUDENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS			CITY		STATE ZIP
DOB	AGE	BIRTH PLACE		GENDER	FEMALE / MALE
ASSIGNED PUBLIC SCHOOL DISTRICT			ASSIGNED PUBLIC SCHOOL BUILDING		

SELECT A PROGRAM

INFANT TODDLER (JKC) // TODDLER PRESCHOOL (TP) // CHILDREN'S HOUSE (CHP) // ELEMENTARY (ELEM)

JKC = 6 WKS - 3 YRS

TP = 18 MTHS - 3 YRS

CHP = 3 YRS - K

ELEM = 1ST - 6TH GRADE

<input type="checkbox"/> INFANT <12mths (7:30-6:00)	<input type="checkbox"/> MON-TUES (8:30-12:15)	<input type="checkbox"/> HALF DAY (8:30-12:30)	<input type="checkbox"/> ELEM DAY (8:30-3:30)
<input type="checkbox"/> YEARLING 1yr (7:30-6:00)	<input type="checkbox"/> WED-FRI (8:30-12:15)	<input type="checkbox"/> FULL DAY (8:30-3:30)	ENTERING GRADE _____
<input type="checkbox"/> TODDLER 2yrs (7:30-6:00)	<input type="checkbox"/> MON-FRI (8:30-12:15)	<input type="checkbox"/> Extended Day AM OPTION (7:30AM-8:30AM)	
		<input type="checkbox"/> Extended Day PM OPTION (3:30PM-6:00PM)	

***Extended Day Options only available to CHP & ELEM**

CHILD CARE OR SCHOOLS PREVIOUSLY ATTENDED:

CHILD CARE OR SCHOOL NAME	DATES OF ATTENDANCE
CHILD CARE OR SCHOOL NAME	DATES OF ATTENDANCE
CHILD CARE OR SCHOOL NAME	DATES OF ATTENDANCE

GUARDIAN INFORMATION

GUARDIAN NAME		RELATIONSHIP TO CHILD	EMAIL
ADDRESS (if different from child)			
CELL #	HOME #	WORK #	
EMPLOYER		TITLE	
GUARDIAN 2 NAME		RELATIONSHIP TO CHILD	EMAIL
ADDRESS (if different from child)			
CELL #	HOME #	WORK #	
EMPLOYER		TITLE	



HOUSEHOLD STATUS

- Co-Parent Household Single-Parent Household
- Shared Parenting in separate households Child lives with guardian other than parent(s)
- Other, please explain:

OTHER CHILDREN LIVING IN THE HOME:

CHILD NAME	RELATIONSHIP TO APPLICANT	AGE	ATTENDS CMEC?
CHILD NAME	RELATIONSHIP TO APPLICANT	AGE	ATTENDS CMEC?
CHILD NAME	RELATIONSHIP TO APPLICANT	AGE	ATTENDS CMEC?

PRIMARY LANGUAGE SPOKEN AT HOME:

CHILD HEALTH INFORMATION

Does your child have any physical, emotional, health, or educational needs? YES NO

If yes, please explain:

Has your child been assessed by a professional? YES NO

If yes, please explain:

Does your child have any medication, food, or environmental allergies? YES NO

If yes, please explain:

ETHNICITY: NATIVE AMERICAN or ALASKAN NATIVE NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
(THIS INFORMATION IS OPTIONAL AND WILL NOT BE USED FOR DISCRIMINATORY PURPOSES) HISPANIC or LATINO WHITE ASIAN BLACK/AFRICAN AMERICAN

ADMISSION TO PROGRAMS IS OPEN TO ALL STUDENTS REGARDLESS OF RACE, SEX, RELIGION, ETHNIC ORIGIN, OR DISABILITY.

SIGNATURE OF GUARDIAN

DATE



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