

# CRABAPPLE MONTESSORI SCHOOL

12387 Crabapple Road  
Alpharetta, GA 30004  
Tel: 770.569.5200 Fax: 770.569.5291



## Application Form

**Applicant's Name** (Last, First, Middle): \_\_\_\_\_ Gender: F M

Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### **Program applying for:**

**Toddler Program** (15 Months to 3 Years +/-) – 5 days only

\_\_\_\_\_ Half-Day (8:30am - 12:00pm) \_\_\_\_\_ Extended-Day (8:30am - 3:00pm)  
\_\_\_\_\_ Extended-Day Plus (8:30am - 4:00pm) \_\_\_\_\_ All-Day (7:00am - 6:30pm)

**Primary Program** (3 to 6 years and toilet trained) – 5 days only

\_\_\_\_\_ Half-Day (8:30am - 12:00pm) \_\_\_\_\_ Extended-Day (8:30am - 3:00 pm)  
\_\_\_\_\_ All-Day (7:00am - 6:30pm) \_\_\_\_\_ Before-School Care (7:00am - 8:30am)

**Elementary Program** (6 to 12 years) – 5 days only

\_\_\_\_\_ Extended-Day (8:30am - 3:15pm) \_\_\_\_\_ All-Day (7:00am - 6:30pm)

Desired date of admission \_\_\_\_\_

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

Subdivision: \_\_\_\_\_ Phone Number \_\_\_\_\_

School currently attending \_\_\_\_\_

School Address: \_\_\_\_\_

### **Health Information**

Does your child have allergies or other special health needs? [ ] No [ ] Yes If "Yes" please

describe and list the medications taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Use Only: Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Tour Date \_\_\_\_\_

**Family Information**

**Name of Parent 1:** \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Name of Parent 2:** \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Child lives with:  Parent 1  Parent 2  Both  Other: \_\_\_\_\_

**Name of Legal Guardian** (if different from parents): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address \_\_\_\_\_

**Siblings**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: F M

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: F M

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: F M

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**General Information**

What language is primarily spoken at home? \_\_\_\_\_

Are there any development concerns that you would like to share? [ ] Yes [ ] No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Are there circumstances that may affect your child's learning? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child had an educational/psychological evaluation performed? [ ] Yes [ ] No

Please provide a copy of all educational/psychological evaluations performed, if any.

Is your child toilet trained (Primary applicants only)? [ ] Yes [ ] No

Describe your child's personality: \_\_\_\_\_  
\_\_\_\_\_

What approach to discipline do you use? \_\_\_\_\_  
\_\_\_\_\_

Please list any discipline problems you may be having: \_\_\_\_\_  
\_\_\_\_\_

How are you handling the problem? \_\_\_\_\_  
\_\_\_\_\_

What are your educational goals for your child? \_\_\_\_\_  
\_\_\_\_\_

How do you see Crabapple Montessori School facilitating these goals? \_\_\_\_\_  
\_\_\_\_\_

What role do you expect to play in facilitating these goals? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Crabapple Montessori School?

Internet    Referral    Drive-by    Other, please describe: \_\_\_\_\_

I hereby state that the information provided in this form is complete and accurate to the best of my knowledge.

Parent Signature: \_\_\_\_\_

Parent Name (please print) \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed application with a \$50.00 non-refundable application fee to:

**Crabapple Montessori School**  
**12387 Crabapple Road**  
**Alpharetta, GA 30004**

or

**operations@crabapplemontessori.com**

Crabapple Montessori School welcomes all families without regard to race, religion, gender, sexual orientation, or national origin.