



Application Date _____ Please attach a current photo of your child for identification purposes!

Child's Name _____
First Middle Surname

Birthdate ___/___/___ Current Age in Months _____ Male Female Place of Birth _____

Previous School/Day Care/Nanny/Other Child Care Experience:

Most Recent Location Phone Number Dates of Attendance Reason for Leaving

Previous Location Phone Number Dates of Attendance Reason for Leaving

I authorize the release of any information from the above to Bloom! Montessori.

Parent Signature _____ Date _____

How did you hear about Bloom? Did anyone refer you? _____

Schedule You Are Seeking (check *all* that apply): Full Time 4 days/wk 3 days/wk 2 days/wk

Days and times you are seeking care:

Monday	Tuesday	Wednesday	Thursday	Friday

We offer an authentic full-day Montessori program (8am- 5:30 pm). Children can attend 2, 3, or 5 days/week. Part day is not an option at this time.

Are you flexible as to the days? No Yes (please explain) _____

On what date would your child be available to start (check *all* that apply): June 2017 August 2017 Other: _____

Term You Are Seeking (check *all* that apply): The Calendar Year (8/2017 – 8/2018) Summer Session (6/2017- 8/2017)

Other (please specify): _____

Parent/Guardian Information:

Mother's Name _____

Father's Name _____

Mother's Home Address _____

Father's Home Address _____

() _____
Mother's Home Phone Number

() _____
Father's Home Phone Number

() _____
Mother's Cell Phone Number

() _____
Father's Cell Phone Number

Mother's Employer's Name _____

Father's Employer's Name _____

Mother's Position/Occupation _____

Father's Position/Occupation _____

() _____
Mother's Business Phone Number

() _____
Father's Business Phone Number

Mother's Email Address _____

Father's Email Address _____

Parents are: Married Separated Divorced Unmarried Widowed Child is Adopted

With whom does the child live? Please explain any custody/guardianship arrangements in detail! _____

Are there any other adults living with the child or adult caretakers for the child? (If so, please give name and relation to the child)

Emergency Contact- If neither parent can be reached in case of an emergency, call:

Name	Relationship to Child	Home Phone
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Home Address	Cell Phone Number
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Place of Employment	Position/Occupation	Work Phone
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Other persons permitted to pick up the child:

Name	Address	Phone Number	Relation to Child
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Name	Address	Phone Number	Relation to Child
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Name	Address	Phone Number	Relation to Child
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(Note: Please notify anyone other than a parent who picks up your child that we will not release the child if they are unable to supply a valid photo ID!)

Persons NOT permitted to pick up the child:

Name	Relation To Child	Notes/Comments
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Name	Relation To Child	Notes/Comments
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(Note: If one of these people is the child's parent, you will need to include a copy of a certified court order noting any restrictions. Absent this information, we will have no choice but to release the child to the parent).

Medical Information:

Please describe any allergies, including foods, which have caused adverse reactions, or any food not to be given to the child for health or religious reasons. Also, please describe any accommodations which would be necessary. Use a separate sheet of paper if necessary.

List any chronic medical, behavioral, mental health, physical, or developmental condition, or diagnosed learning differences that your child has, or has had in the past, and any accommodations which would be necessary (e.g seizures, asthma, arthritis, obesity, diabetes, respiratory illness, drug reaction, Autism Spectrum Disorder, ADD, etc). Use a separate sheet of paper if necessary.

Is your child currently being treated for any medical, psychological, or behavioral issue, other than routine preventative care (if so, please explain in detail- use a separate sheet of paper if necessary)?

Please fill in the contact information for each of your child's current healthcare providers:

	Name	Address	Telephone
Child's Doctor			
Child's Dentist			
Child's Optometrist			
Hospital Preference			

We recommend that all children receive a physical exam, dental exam, and an optometric exam annually!

Toilet Learning- Bloom! Montessori requires students to have established independent toilet training prior to admission (meaning that the child can use the toilet independently- including removing garments, wiping, going to the bathroom without reminders or adult assistance, and experiences less than four daytime accidents per month). Children are required to wear cotton underpants at school. If your child does not currently possess these abilities, you can still apply, with the understanding that the child will need to have achieved this level of toilet training prior to their first day of attendance. Our experience is that most children over the age of 18 months can meet this definition with a month of consistent effort by their parents (if you need guidance or advice, please contact our office).

Please check the box of the statement which most closely describes your child's *current* state of toileting ability:

- My child is able to use the toilet independently without reminders and is NOT wearing diapers or Pullups during the day. He/she has less than one daytime accident per week or four accidents per month. This meets our requirements.
- My child does **not** currently meet the requirements for admission; however, I believe that my child will be developmentally ready, and plan to initiate this process prior to enrollment. I have read the school's policies about toilet learning and understand that if my child does not meet this standard by his/her first day of attendance, Bloom! Montessori may decide that he/she is not maturationally ready to attend and this may be considered to be cause for rescinding an offer of admission or termination of contract.
- Other: _____

Please answer the following questions as completely as possible; use a separate sheet of paper if necessary.

1) Does the child have any siblings? If so, please provide names, ages, and school that they attend:

2) How would you describe your child?

3) What do you know about the Montessori philosophy? Has this child or anyone in your family attended a Montessori school? If so, which school? Why do you want your child to attend a Montessori school?

4) What are your reasons for wanting your child to attend Bloom? What are your pre-school and kindergarten goals for your child?

5) What are you currently working on with your child? How can we help? In what areas would you most like to see your child progress?

6) To which other schools, daycares, or programs, if any, are you applying?

These questions will help us get to know your child better. Please provide a short summary of your child's habits/behavior with regard to the following: Please continue on a separate sheet if necessary!

A) What are your child's favorite toys? _____

B) What are your child's favorite activities? _____

C) How much TV does your child watch? What are their favorite shows? _____

D) What does your child do when he/she is angry? _____

E) Fears _____

F) How is discipline handled in your home? _____

G) Are you anticipating your child will nap at school? Yes No If so, what is your current routine? _____

H) Does your child have a pacifier, security blanket, and/or object? If so, what is it? _____

I) Describe your child's eating behavior- are they a picky eater _____

J) What is your home's nutrition philosophy? _____

K) What are your child's favorite foods? _____

L) What foods does your child dislike? _____

M) What is your child's sleeping pattern- When do they go to bed? Do they sleep through the night? What is the bedtime routine? _____

N) Does the child assist in household chores, duties, or family responsibilities? _____

O) Is a language other than English spoken at home? _____

P) Does the child speak any other languages, play any musical instruments, have any hobbies, special interests, or unique capabilities? _____

I verify that the information I have provided is true and complete. I understand that false statements and omissions made to this form may result in termination of my child's care arrangement at Bloom!.

Signature of Parent or Guardian Completing the Application

Date

Bloom! Montessori uses photos of students in school and marketing publications. These publications include, but are not limited to, albums/portfolios which are made for parents of their children at school (these may include group photos), digital photos which are periodically emailed to parents, annual class photos, parent newsletter photos, website, blog, brochure, scholarship, and marketing photos. If admitted, photos of my child taken at school may be used for these purposes- including group, individual photos, film, video, or digital photo.

Signature of Parent or Guardian Completing the Application

Date

**You will need to remit this application with a non-refundable application fee of \$50.
Please mail completed application to: Bloom! Montessori School • 327 Terry St Longmont, CO 80501. Thank you!**

Bloom! Montessori strives to create a diverse community. We do not discriminate on the basis of religion, sex, sexual orientation, disability, developmental disability, race, ethnicity, or national origin in our admissions process or the administration of any of our programs.