

Application

Toddler Program (18 months – 2 years, 9 months)

Primary Program (2 years, 9 months – 6 years)

8:00-11:45 am

for the school year beginning September 20 ____

(PLEASE PRINT LEGIBLY)

We wish to apply for the supplemental afternoon program. Please indicate the afternoon hours needed on each day.

	M	T	W	TH	F
11:45- 3:00					
3:00- 6:00					

• **Name of child:** _____ Sex: _____
 Date of Birth: _____ Age in September: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Social Security #: _____

• **Name of Parent:** _____ Social Security # _____
 Address: _____
 Telephone: _____ E-mail: _____
 Occupation: _____
 Business name and address: _____
 Business telephone: _____ Cell phone: _____

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 Address: _____
 Telephone: _____ E-mail: _____
 Occupation: _____
 Business name and address: _____
 Business telephone: _____ Cell phone: _____

• **Sibling name:** _____ Sex: _____ Date of birth: _____
 Additional siblings: _____ Sex: _____ Date of birth: _____
 Montessori school attended, if any: _____



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- Where and with whom does your child spend the day?
- How did you hear about Greene Towne School?
- Why are you interested in a Montessori Preschool experience for your child?
- Does your child have any medical or behavioral conditions we should know about? Please describe.
- If parents are separated or divorced, please answer the following:

Who is the legal guardian?

With whom does the child live?

To whom should bills be sent?

To whom should school announcements be sent?

Signature:

Date:

Please return this form, along with a nonrefundable \$45.00 application fee to:

Admissions Director, Greene Towne School

2121 Arch Street, Philadelphia, Pennsylvania 19103

Greene Towne School does have a small Financial Aid Fund for children enrolled in the Primary Program. Requests for financial aid must be received before January 15, preceding the September of intended enrollment to guarantee consideration for the following school year. Please call the school to request a financial aid application.

FOR OFFICE USE ONLY

fee paid:

date received:

interview date:

Child Profile Questionnaire

Child's name:

Date of Birth:

Please describe your child's daily routine for: (note whether your child needs help in any area)

Teeth brushing:

Hair brushing:

Toileting:

Breakfast:

Lunch:

Dinner:

Snacks:

What time does your child go to bed?

Wake up?

Nap?

Activities:

What are your child's favorite games and activities at home?

What are your child's least favorite things to do?

Does your child watch television? If so, what programs or videos and with whom?

Does your child play computer games?

If so, which games?

At what age did your child begin to speak?

Does he/she speak in 2-3 word phrases or sentences?

If any language other than English is spoken, which one(s) and by whom?

Has your child experienced any emotional events such as divorce or death in the family?

Please explain:

If your child was adopted, at what age did he/she join your family?

Are you familiar with the Montessori Method of teaching and learning?

What materials have you read about the Montessori Method?