

Glen Park Montessori Preschool

647 Chenery Street, San Francisco, CA 94131 gpmontessori@gmail.com 415-585-7701

	For staff only:
Application is due at the Par	rent Visit. Application fee (\$50) is due at the Child Visit.
Date Application Received:	Date Application Fee Received:
Date of P	Parent Visit:
Date of Child Visit(s):	Age of child at visit:
Desired enroll	lment term:
	APPLICATION
	tessori! This application is due at the Parent Visit. The \$50 application fee ebsite for our complete enrollment procedures.
Child's Name:	Date of Birth:
Desired Enro	ollment Date:
PA	ARENT INFORMATION
Name:	Name:
Cell Phone:	Cell Phone:
Address:	Address:
Email:	Email:
Occupation:	Occupation:
First, tell us about your child:	
What are 3 qualities you most admire in your ch	ild?
1.	
2.	
3.	
What are your child's most challenging aspects?	
How independent is your child?	

 Is your child potty trained? Can he or she dress themselves? *Your child is required to be competent in the above 2 questions before being enrolled. Is your child self-directed or capable of making his or her own choices in "work" or play? How does your child handle frustration and disappointment? What does your child like to do by him or herself? What is his or her favorite book? Has your child had any school experience to date? If so, what? Describe the school that would be ideal for your child. Do you have any knowledge or experience with Montessori? Next, please tell us something about you: What are your strongest parenting skills? Parent 1 (please include your name): What are your biggest parenting challenges? Parent 1 (please include your name): 	
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What is his or her favorite book? Has your child had any school experience to date? If so, what? Describe the school that would be ideal for your child. Do you have any knowledge or experience with Montessori? Next, please tell us something about you: What are your strongest parenting skills? Parent 1 (please include your name): Parent 2 (please include your name):	Is your child self-directed or capable of making his or her own choices in "work" or play?
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Parent 2 (please include your name): What are your biggest parenting challenges?	What are your strongest parenting skills?
What are your biggest parenting challenges?	Parent 1 (please include your name):
	Parent 2 (please include your name):

What is your child's favorite activity?

•	school for Parent Volunteer hours? Time (we have school events that need king), or professional expertise (painter, handy person, gardener, pet care)?
Do you take family vacations? If so, where do	you go?
Are you able to arrange childcare for your chi Work Day. The rest of our school calendar can	Id during school closure days? (We are closed once a month for Teacher n be found on our website.)
Please tell us how you found Glen Park Monte	essori.
	notos to be posted (without names) on our in-house documents, Facebook es and community outreach if your child is enrolled at our school. Please to this policy by signing below.
Parent 1 Signature:	Parent 2 Signature
I give Glen Park Montessori Preschool my per	mission to contact my child's previous school or nanny.
Parent 1 Signature:	Parent 2 Signature
Contact 1:	
Name of school or nanny:	Days of care:
Email address:	Phone number:
Contact 2:	
Name of school or nanny:	Days of care:
Email address:	Phone number:
School and our staff as we have an extensive	r child with this application. This is intended as reference for the Head of number of applicants and seeing a face is helpful in remembering an re—we will never use it for any reason other than for identification

Parent 2 (please include your name):

*Please note that we cannot offer your child enrollment until he or she is completely potty trained and competent in all bathroom procedures. Thank you for understanding.

Thank you for completing your application. Please <u>only</u> submit your application at your Parent Visit and the \$50 fee at your Child Visit. To schedule a child visit, go to our website, click on enrollment and choose a date. Please make your check out to:

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