



# WASHINGTON MONTESSORI SCHOOL

240 Litchfield Turnpike, New Preston, CT 06777 (860)868-0551 Fax (860)868-1362  
www.washingtonmontessori.org

## APPLICATION FOR YOUNG CHILDRENS COMMUNITY (YCC)

Age 18 to 36 months

### APPLICANT INFORMATION

Child will begin: month\_\_\_\_\_ year\_\_\_\_\_ boy\_\_\_\_ girl\_\_\_\_

Applicant's Full Name \_\_\_\_\_  
First Middle Last Nickname

Home address \_\_\_\_\_  
Street (PO Box)

\_\_\_\_\_ Town State Zip Code Telephone

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Applicant's SS# \_\_\_\_\_

### FAMILY INFORMATION

#### Mother

\_\_\_\_\_ First Last

Address (if different from above) \_\_\_\_\_  
Street Phone

\_\_\_\_\_ City/State/Zip Work Phone email

Occupation \_\_\_\_\_ Name & Address of Employer \_\_\_\_\_

#### Father

\_\_\_\_\_ First Last

Address (if different from above) \_\_\_\_\_  
Street Phone

\_\_\_\_\_ City/State/Zip Work Phone email

Occupation \_\_\_\_\_ Name & Address of Employer \_\_\_\_\_

Washington Montessori School, fully accredited by the Connecticut Association of Independent Schools, admits students of any race, color, creed, disability, religious preference, national or ethnic origin and does not discriminate on these bases in the administration of its educational programs or admissions policies.

If parents are separated or divorced, please answer the following:

With whom does the child live? \_\_\_\_\_

Who is the legal guardian? \_\_\_\_\_

To whom should bills be sent? \_\_\_\_\_

To whom should mailings be sent? \_\_\_\_\_

If remarried, stepmother's name \_\_\_\_\_ stepfather's name \_\_\_\_\_

**Grandparents (for mailings)**

Name(s) \_\_\_\_\_ Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Siblings (please include names, ages and schools (if applicable))**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you become interested in our school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S HISTORY**

General health conditions and history of child (special health problems, physical disabilities, serious accidents, hospitalization):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include in the space below any other information which you feel will affect your child's experience at school, as well as your expectations regarding your child's school experience.

(You may include a separate sheet of paper.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION**

Please return this form with the non-refundable application fee of \$25.00 to:

**Enrollment Office, Washington Montessori School, 240 Litchfield Turnpike, New Preston, CT 06777.**

**Please make the check payable to Washington Montessori School.**

The undersigned grants Washington Montessori School permission to request and receive information regarding the applicant.

Signature \_\_\_\_\_

Date \_\_\_\_\_