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## APPLICATION FORM

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STUDENT NAME:

BIRTHDATE:

AM OR PM?

SCHOOL YEAR:

PARENT NAME:

PHONE# & EMAIL:

IS YOUR CHILD FULLY-POTTY TRAINED?  YES  NO

DO THEY ASK WHEN THEY NEED TO GO?  YES  NO

CAN THEY PULL THEIR PANTS UP/DOWN?  YES  NO

CAN THEY WIPE ON THEIR OWN?  YES  NO

WHAT KIND OF PROGRAM WOULD YOU PREFER FOR YOUR CHILD?

PLAY-BASED  STRUCTURED  COMBINATION

WHICH CLASS TYPE DO YOU PREFER FOR YOUR CHILD?

SAME AGE GROUP  MIXED AGE GROUP

**\*RISING SCHOLARS MONTESSORI INC. ONLY HAS A 5-DAY/WEEK OPTION AND DOES**

**NOT REGISTER CHILDREN FOR 2 OR 3 DAYS/WEEK.\***

**\*SNACKS ARE TO BE BROUGHT FROM HOME.\***

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

\_\_\_\_\_  
Date (DD/MM/YYYY)