

Child Information & Application

100 Saratoga Village Blvd. 34A, Malta, NY 12020 Telephone 518.633.1971 • Fax 518.633.1974 www.maltamontessori.com

	_ Date of Birth	Sex
Place of work		
E	Email	
	Cell Phone	
Place of work		
E	Email	
owing program:		
☐ 3 Day W,Th, F ☐ 4 Day M,T,Th,	F ☐ 5 Day	
☐ PM Half Day ☐ Full Day		
rade 2 🔲 Grade 3		
rade 5 🔲 Grade 6		
☐ After School 4:30 ☐ After Sch	nool 5:30	
all parents and/or significant adult fa	amily members living with the child	d.
	School District your fam	Cell Phone

In order that we may prepare an environment that will meet the individual needs of your child please supply the				
following information:				
Does your child have any: disabilites, allergies, dietary restrictions, medical requirements? Please describe.				
What is your child's primary language or other language spoken?				
Is your child adopted? Yes No				
Has your child attended any programs previously?				
Why are you interested in having your child attend the Malta Montessori School?				
What are your expectations of your child's education at Malta Montessori?				
Please list your child's strengths, interests, and talents.				
Please describe your child's physical, cognitive, and social development. Include your child's particular strengths and weaknesses and any health conditions or experiences that would affect his/her experience at Malta Montessori.				

Please list any organized groups or special classes your child takes outside of school.
Has your child ever experienced discipline challenges (including suspension or expulsion) in an educational setting? If so please explain.
Are there any assessments, reports, or documentation regarding this child we should know about? If so please explain.
Is there any other information we should know in order to fully understand your child or family? Including any areas needing special attention, as well as your goals for your child at our school. Please tell us about your family's community interests and activities.
In what ways would you be interested in participating or sharing your interests/talents/resources at Malta Montessori?
Have any family members attended a Montessori School? Please list who, where, and when.
Does your child/family know anyone at Malta Montessori School?

How did you hear about the program at the Malta Montessori School?				
*	. •			☐ Malta Montessori Parent/Family (name)
Other				
How long do yo	ul expect to keep you	r child enrolled at the	a Malta M	lontessori School? (Check all that apply)
	ary (3-6 years old) Pre			ontesson sensor: (eneck all that apply)
	er Elementary program	•		
	er Elementary prograi	•		
	er Elementary program	ii (9-12 years olu) dra	ides 4-0	
The information	n we have provided	on this application	is truthf	ul, accurate, and complete. We understand that
withholding in	formation or provid	ing inaccurate infor	mation	about our child may jeopardize his/her application
and if enrolled	may result in his/he	r dismissal from sch	ool.	
65				
Signature				Date
Name of Parent	Guardian			
				Date
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Please Note: A	350 non reiundable a	ipplication lee is requ	iirea witi	submission of this form.
We look forwar	rd to the days ahead	aettina to know vo	u and vo	our family! Thank you.
We look forwa	rd to the days ahead	getting to know yo	u and yo	our family! Thank you.
	·	,		our family! Thank you. n that spirit Malta Montessori does not discriminate in
Malta Montesso	ori has a commitment	to the principal of di	versity. lı	
Malta Montesso	ori has a commitment law on the basis of ra	to the principal of di	versity. lı	n that spirit Malta Montessori does not discriminate in