



1880 South Winton Rd
Rochester, NY 14618
(585) 256-2520 Fax (585) 256-3279
www.mschild.org

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Application for Admission

Name of Child: _____
(LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

Date of Birth: _____ Place of Birth: _____ Sex Assigned at Birth: Male Female

Parent/Guardian Name (in Full):

Parent/Guardian Name (in Full):

Address: _____

Address: _____
(IF DIFFERENT)

(ZIP)
Telephone: _____
(HOME) (CELL)

(ZIP)
Telephone: _____
(HOME) (CELL)

E-mail: _____

E-mail: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

Family Composition

With whom does the child live? _____ Who is legal guardian? _____

Is the child regularly cared for by anyone other than parents? Y N

If so, by whom? _____ What portion of the day? _____

Montessori School of Rochester seeks to enroll a community that reflects the diversity of the Rochester area, including that of race, ethnicity, family structure, religion, and socioeconomics. The following information is helpful to us but is optional. All information is kept confidential.

Religion: _____ Ethnic origin: _____

Primary language: _____

Additional language(s) spoken: _____

Preferred Enrollment Date: _____

Program Selection:

- Nido (6 weeks - 18 months)
 - Half-Day (8:30am – 11:45 am)
 - Extended-Day (8:30am – 3:00pm)
- Toddler (18 months - 3 years)
 - Half-Day (8:30am – 11:45 am)
 - Extended-Day (8:30am – 3:00pm)
- Children's House (3-6 years):
 - Half-Day (8:30am – 11:45am)
 - Lunch and Recess (8:30am – 1:00pm)
 - Extended-Day (8:30am – 3:00pm)

Day House: (Before and After School Care- Available for all age levels)

Morning (7:30am- 8:30am) Intended Arrival Time: _____

Afternoon (3:00pm-5:30pm) Intended Dismissal Time: _____

How did you hear about MSR? _____

Name of relatives or friends who have attended MSR, if any:

Other school(s) attended by applicant:

Name	Address	Program or Grade(s) / Date(s)	May we contact school?
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Please list other schools to which you are applying for admission:

Please list any other children in your family:

Name	Birthdate	Current School	MSR Student/Alumnus
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Please answer the following questions. Feel free to attach a separate piece of paper if you would like more space to answer the questions.

Please share with us why you are interested in having your child attend MSR:

What specific aspect(s) of the Montessori philosophy you are most drawn to? What aspects do you feel would benefit your child and why?

Your parental perspective helps us get to know your child better. What are your child's strengths, interests, and unique characteristics?

Do you have any concerns about your child's physical, social, emotional, or cognitive development? If yes, have there been any formal assessments, what were the outcomes, and what support does your child receive?

Please describe the most important values by which you and your family live. How do you instill and reinforce these values?

How do you identify and support your child's growing independence?

What are your family's special interests and extracurricular activities?

How do you navigate redirection and discipline at home?

What qualities do you hope your child will maintain into their adulthood?

Date _____ Parent Signature _____

All information on this application is kept confidential.

Submitting this application and the accompanying application fee allows your child to be formally considered for placement but does not guarantee enrollment. We are grateful for your interest in the Montessori School of Rochester!