



**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_  
APP FEE RECEIVED \_\_\_\_\_

**APPLICATION FOR ADMISSION TO HIATT FARMS MONTESSORI SCHOOL**

**Infant: Accepting Applications for children 12 weeks to 6 months old by August 12, 2024**

Program Preferences: \_\_\_\_ Full-day

**Toddler: Accepting Applications for children 18 months old by August 12, 2024**

Program Preferences: \_\_\_\_ Full-day

**Primary: Accepting Applications for children 2.5 years old as of August 12, 2024**

Program Preferences: \_\_\_\_ Half-day\* \_\_\_\_ Full-day

\*Note: We have a limited number of half-day spots and will be prioritizing full-day applications for the 2024-2025 academic year.

**Child's Name:** \_\_\_\_\_ **Preferred Name (nickname):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_ Male \_\_\_\_ Female

**Parent/Guardian #1 Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (work)** \_\_\_\_\_ **(home)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Relationship to the Child:** Mother \_\_\_\_ Father \_\_\_\_ Guardian \_\_\_\_

**Parent/Guardian #2 Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (work)** \_\_\_\_\_ **(home)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Relationship to the Child:** Mother \_\_\_\_ Father \_\_\_\_ Guardian \_\_\_\_

**HELP US GET TO KNOW YOUR CHILD...**

We understand that families of very young children may not have the answers to some of these questions given the age of the child applying. Please answer all of the following questions to the best of your ability, even if your answer is “unknown” at this time.

***General:***

**What is it about the Montessori method that appeals to your family?**

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**What are your hopes/expectations for your child at Hiatt Farms Montessori School:**

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**Briefly describe your child.**

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**What are your child’s greatest strengths?**

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**What are your child’s greatest weaknesses?**

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**What are your child’s interests?**

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**Family Life:**

**Child lives with:**

- Both parents       Mother only       Father only  
 Shared physical custody       Guardian       Other

**Full Name**

**Birthdate**

**Current School**

**Siblings:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other members of the household:**  grandparent(s)  nanny  other relative  other

**Other languages spoken in your home:** \_\_\_\_\_

**Please list your child's regular caregivers:** \_\_\_\_\_

**Does your child dress themselves independently? (Do they attempt to put on socks, shoes, coat, hat, etc. by themselves?) Please describe their level of independence.**

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

**Does your child participate in household chores and other family responsibilities? If so, please describe.**

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

**Describe your family's mealtime routine (do you eat together as a family, where do you eat, does your child eat at the table, help prepare the meal, etc.).**

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

**What time does your child go to bed? What is your child's bedtime routine?**

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

**How often do you read to your child?**

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**Describe your child's technology use.**

Watching T.V.	_____ hours/day
Tablet Device	_____ hours/day
iPhone	_____ hours/day
Computer	_____ hours/day
Video Games	_____ hours/day
Other (please specify): _____	_____ hours/day

***Infant ONLY:***

**Our infant room has a 1 to 4 ratio of teachers to children. Do you anticipate this being a challenge for you or your child? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Please explain.**

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**If applicable, please describe how you encourage your child to self-soothe.**

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***Educational History:***

**Current School: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_**

**Previous School: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_**

May we contact your child's current or past teachers/caretakers to discuss your child's experiences?  
If yes, please provide us with their contact information below.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

How long this person has known your child: \_\_\_\_\_

**What activities or enrichment programs does your child participate in (e.g., music, sports, play groups, etc.)?**

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**How would you characterize your child's experiences in these programs?**

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**Does your child have any known or suspected learning difficulties? Please describe.**

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**Do you have any concerns about your child's behavior or social skills? Please describe.**

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**Has your child ever gone to/been recommended to attend any kind of therapy? Please describe.**

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**Health History:**

Does your child have any physical limitations or requirements? Please describe.

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Children in the toddler environment are required to be down to one nap per day. Nap in the toddler classroom is from 12:45pm - 2:45pm each day. Do you anticipate this being a challenge for your child?

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Children in the primary environment are required to nap until they are at least 4 years old. Nap in the primary classroom is from 1:00pm - 2:45pm each day. Do you anticipate this being a challenge for your child?

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Does your child nap? Yes \_\_\_ No \_\_\_ Average start time: \_\_\_\_\_ Average end time: \_\_\_\_\_  
If so, do you aid them in falling asleep for naps? How?

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**Toilet Learning:**

**Toddler**

Have you started toilet training at home with your child? If so, how has your experience been with this?

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**Primary**

Is your child toilet trained? Toilet trained is defined as the following: being able to decide for him/herself that they need to use the bathroom, being able to undress and re-dress him/herself without help and being able to wipe without assistance. Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Information:**

**Any additional information we should know about?**

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**How did you hear about Hiatt Farms Montessori School?**

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**Why do you wish to send your child to Hiatt Farms Montessori School?**

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**AFFIRMATION:**

I/We, the undersigned, represent that the information that I/we have provided on this application is complete and accurate. I/We understand that this information will be used to determine my/our child's eligibility for admission at Hiatt Farms Montessori School. I/We understand that failure to provide complete and accurate information, providing false information, or making false modifications to documents submitted in conjunction with this application and the admissions process, can lead to dismissal or rejection of my/our child's acceptance to the school. This document constitutes an application for admission, and acceptance of the application for review by Hiatt Farms Montessori School in no way binds or obligates the school to accept the child for whom the application is made. The selection of applicants (and continuation of any child's enrollment) shall be at the sole and absolute discretion of Hiatt Farms Montessori School. By signing below, I/we acknowledge that enrollment is for the 2024-2025 school year and I/we acknowledge that we have read the Hiatt Farms Montessori School Parent Handbook.

Hiatt Farms Montessori School reserves the right in its sole discretion to change its school policies or admissions criteria and procedures at any time with or without providing prior notice.

A \$75 non-refundable application fee is due with this form (applies to new applicants only). If your application is accepted, Hiatt Farms Montessori School staff will notify you via email to arrange an interview with you and your child. First Round final decisions will be made by the end of February, after all interviews have been conducted.

If accepted, and within thirty (30) days of acceptance of your child's enrollment, a 10% Tuition deposit is due. This deposit is non-refundable as it reserves a space for your child and will influence our staffing needs and hiring. It will be applied to the total tuition due for the upcoming school year.

I hereby acknowledge that I have read and agree to the terms in the Parent Handbook.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

When completed, please drop-off, mail or email this application to [admissions@hiattfarmsmontessori.com](mailto:admissions@hiattfarmsmontessori.com). Please drop-off or mail a check for the \$75 application fee either with your application or following the electronic submission of the application.

All information submitted with this application will be maintained in your child's education record and, unless required by law or court order, will not be disclosed to any third party without your consent.

**Hiatt Farms Montessori School does not discriminate on the basis of race, color, creed, national origin, ancestry, sex, sexual orientation, gender identity/expression, age, disability, religion, or other status protected by law in admission or access to its programs and activities.**