



Middletown Montessori School
30 E. Forge Road
Media, PA 19063
610-891-7214 - fax: 610-891-0967
www.middletownmontessorischool.com

APPLICATION FORM

PLEASE COMPLETE AND RETURN WITH YOUR DEPOSIT
DATE: _____

CHILD'S NAME: _____ Sex _____ DOB _____

Address _____

What would you like your child to be referred to at school? (i.e., for school bag, cubbie, name tracing, and work drawer) _____

MOTHER'S NAME _____ Home # _____

Mother's Address _____ Cell # _____

Place of Employment _____ Email _____

FATHER'S NAME _____ Home # _____

Father's Address _____ Cell # _____

Place of Employment _____ Email _____

FAMILY INFORMATION

Is your child adopted? _____ If yes, at what was he/she adopted _____

Does your child know he/she is adopted? Please remark: _____

Are there any custody arrangements we need to be aware of? Please remark: _____



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Sibling Name (s) _____; _____; _____; _____;
Age (s) _____; _____; _____; _____;

Other Members of Household (Include Relationship): _____

What are your goals for your child's preschool/kindergarten experience? _____
