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Application for Admission for School Year 20__ - 20__

Infant Program (6 weeks – 23 months)	Toddler Program (24 months – 36 months)	Children’s House Program (3 years – 6 years)	Elementary Program (6 years – 9 years)
<input type="checkbox"/> Extended Day (7:30 – 5:30) Academic Year (Sept – June)	<input type="checkbox"/> Half Day (8:30 – 12:00) M-F	<input type="checkbox"/> Half Day (8:30 – 12:00) M-F	<input type="checkbox"/> Academic Day (8:30 – 3:30) M-F
<input type="checkbox"/> Extended Day (7:30 – 5:30) Extended Year (Sept – August)	<input type="checkbox"/> Academic Day (8:30 – 3:30) M-F	<input type="checkbox"/> Academic Day (8:30 – 3:30) M-F	<input type="checkbox"/> Before Care (7:00 – 8:30)
Camp Montessori 3 yrs olds*	<input type="checkbox"/> Extended Day (7:00 – 6:00)	<input type="checkbox"/> Before Care (7:00 – 8:30)	<input type="checkbox"/> After Care (3:30 – 4:00)
<input type="checkbox"/> Half Day (8:30 – 12:00)		<input type="checkbox"/> After Care (3:30 – 5:00)	<input type="checkbox"/> After Care (3:30 – 5:00)
<input type="checkbox"/> Academic Day (8:30 – 3:30)		<input type="checkbox"/> After Care (3:30 – 6:00)	<input type="checkbox"/> After Care (3:30 – 6:00)

* Offered as an introduction to Children’s House during the summer period preceding the school year.

Student’s Full Name – First Middle Last _____ Nickname (if any) _____

Home Address _____ Male _____ Female _____

City _____ State _____ Zip _____ Home Phone _____

Birth Date _____ Age in September _____ Level or Grade to Enter _____ Date to Start _____

Present School (if any) _____ Present Grade or Level _____ Number of Years There _____

Address of Present School _____ Name of Teacher _____ School Phone Number _____

Name of Previous School (if applicable) _____ Years Attended _____

Have you previously applied to Love of Learning Montessori School? Yes No If YES, give date: _____

Is another child in your family applying? Yes No If YES, give name: _____

Are there any siblings already enrolled at Love of Learning? Yes No

If yes, please list names and ages below:

 Name _____ Age _____ Name _____ Age _____

Parent/Guardian Information (Please complete the entire section):

Mother / Guardian – Full Name _____ Home Phone _____ Email address _____

Home Address (if different from student) _____

Name of Employer _____ Position _____ Work Phone _____

Father / Guardian – Full Name _____ Home Phone _____ Email address _____

Home Address (if different from student) _____

Name of Employer _____ Position _____ Work Phone _____

To whom should billing be sent if other than above?

Full Name

Home Phone

Home Address

**The following information will enable us to know your child better.
Please answer those questions that are relevant to the applicant.**

Is there any significant medical history about which we should be aware and / or have any diagnostic evaluations (educational or psychological) been completed for this child? Please give details and have a copy of educational testing or evaluations sent to us.

What are your educational goals for this child? How do you see Love of Learning Montessori School facilitating these goals?

Has this child had any remedial work, special tutoring, or enrichment classes during the past two years?
If so, in what academic area?

Some questions to consider when deciding if Montessori is right for your family: (Circle Yes, No or N/A)

- Yes / No Am I as a parent ready to support a teacher and my child in a non-traditional approach to learning?
- Yes / No Is my child an independent worker?
- Yes / No Am I willing to be active in my child's education?
- Yes / No Is my child able to accept responsibility?
- Yes / No / N/A Does my child follow directions?
- Yes / No / N/A Is my child able to focus on tasks for a period of time and not be occupied with things going on around him/her?
- Yes / No / N/A Do I encourage my child to make choices and to take responsibility at home?
- Yes / No Do I support the emphasis on cooperation rather than competition?
- Yes / No Do I support the Montessori belief in fostering children's self-reliance, responsibility and independence?
- Yes / No Is my approach to discipline based upon natural and logical consequences rather than "rewards and punishments?"
- Yes / No Do I believe that my child would benefit from having the responsibility for choosing appropriate learning activities and materials?
- Yes / No Do I support the Montessori classroom organization that includes multi-age groupings (typically three "grades" of students)?
- Yes / No Am I prepared to learn more about Montessori principles at school and at home?
- Yes / No Do I believe in using anecdotal notes and Montessori checklists, rather than traditional, graded report cards?

If you answered "no" to some of the questions, it is recommended that you carefully consider Montessori. If it is not a good fit for your family, then your child may experience confusion and unhappiness if home and school are incongruent.

If you answered "yes" to the majority of the questions, your child may be a good candidate for Montessori. Your beliefs are similar to the underlying principles of Montessori education and your child is likely to be well suited to a Montessori setting.

We all want what is best for our children. There are many educational choices available – **take the time to carefully investigate the options and honestly reflect on what is important to you**, and then decide which approach is best for you and your family.

For Office use only:

Date Application Received: _____ Application Fee Received: _____ CA/CK _____ Date of Interview: _____ Date of Enrollment: _____