

St. Martin's School

1350 Washington Valley Rd.
Bridgewater, NJ 08807

Application

Application for enrollment in _____ month _____ year

Level: (Check all that is applicable)

- | | |
|---|---|
| <input type="checkbox"/> Toddler (18 – 35 months) | <input type="checkbox"/> All Day Montessori Toddler Program |
| <input type="checkbox"/> Primary (3 – 6 years) | <input type="checkbox"/> All Day Primary Montessori Program |
|
 | |
| <input type="checkbox"/> Before School Care | |
| <input type="checkbox"/> After School Care | |
| <input type="checkbox"/> Half Day Kindergarten “Enrichment Program” | |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |

Child's last name (First) (Middle) Name called)

(Child's Date of Birth) (Gender)

Child lives with: _____

Family Information

Parent/Guardian _____	Parent/Guardian _____
Company _____	Company _____
Occupation _____	Occupation _____
Title _____	Title _____
Home Address _____	Home Address _____
_____	_____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Email _____	Email _____
Cell Phone _____	Cell Phone _____

Business Address _____ _____	Business Address _____ _____
City, State, Zip _____	City, State, Zip _____
Business Phone _____	Business Phone _____
Email: _____	Email _____

Brother(s) and/or Sister(s)	Birth Date	School

Grandparents	Grandparents
Name _____ _____	Name _____ _____
Home Address _____	Home Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____

If parents are divorced, what are the custodial arrangements? _____

Other adults in the household in which the child lives _____

Relationship: _____ Phone _____

Other Adults who provide care for the child _____

Relationship _____ Phone _____

How often (daily, weekly, occasionally) _____

Languages spoken in the home _____

General Health

Please check all that pertain to your child:

_____ Allergies Please note: _____

_____ Medication Please list: _____

_____ Asthma _____ Ear Infections _____ Headaches _____ Colicky as a baby

_____ Seizures _____ Convulsions _____ Eye problems _____ Stomach aches

_____ Speech problems _____ Motor developmental Problems

_____ Accident where unconscious _____ Epilepsy

Please state your child's general state of health: _____

Does your child have special needs? If so, please share this information so we can better understand and respond to your child.

Milestones in Your Child's Development

At what age did your did your child sit up? _____ crawl _____

walk _____

At what age did your child first start speaking words _____

forming sentences _____

Is your child fully toilet trained? (acceptance to St. Martin's School does not depend upon being toilet trained)

Use of Hand: Uses right hand _____ Uses left hand _____

Ambidextrous _____

Eating Habits: Good _____ Poor (explain) _____

Sleep Habits: Falls asleep easily ___ Falls asleep with difficulty? _____

Difficulty sleeping through the night? _____

Difficulty waking? _____

Previous School Experience

Name of prior school/center _____

Hours of day spent in program _____

Age when in attendance _____

Describe your child's adjustment to school _____

Temperament

Please check any of the following that describe your child:

- | | | | |
|----------------------|-------------------|------------------------|-----------------|
| ____ Happy | ____ Irritable | ____ Distractible | ____ Impulsive |
| ____ Excitable | ____ Immature | ____ Active | ____ Empathetic |
| ____ Daydreams | ____ Cooperative | ____ Cries easily | ____ Confident |
| ____ Fearful | ____ Affectionate | ____ Adventurous | ____ Patient |
| ____ Bossy | ____ Shy | ____ Moody | ____ Creative |
| ____ Introverted | ____ Extroverted | ____ Persevering | ____ Cautious |
| ____ Prefers leading | | ____ Prefers following | |

Describe your child's personality or temperament _____

How does your child handle frustration? _____

What method of discipline do you use? _____

How did you become familiar with the Montessori approach to education? _____

Why would you like your child to attend to Martin's School? _____

Signature of parent or guardian making application

Date

A non-refundable application fee of \$35 must accompany each application. Make your check payable to St. Martin's School and mail with this application to the address above. We will schedule an interview for your child after receiving your application.

St. Martin's School admits students of any race, color, national or ethnic origin, religion, family structure or sexual orientation to all rights, privileges, programs, and activities of the school.
