



MCMS Primary Application Form

Please include a \$60 non-refundable application fee with this form.

Please indicate in each column the schedule you are considering. Only children under the age of 4 years by August 1st of the applicable school year will be considered for three day schedules. Kindergarten age students must attend five days per week, half day or full day optional.

3 days/wk (circle your preferred days) M T W Th F Half Day (8:30 - 12)
 4 days/wk (circle your preferred days) M T W Th F Full Day (8:30 - 3)
 5 days/wk

Please indicate your needs for After-hours care (between 3 and 5 p.m.)

Please note: Aftercare is offered only in years in which demand is high enough to provide staffing as well as an optimal peer environment. There is no Aftercare available on Fridays. If your child is accepted into our program, requires Aftercare, and we will not be offering it in the coming year, we will contact you directly so that you can make alternate arrangements for the after-school hours.

I do not need After Hours Care
 I will occasionally use After Hours Care
 I require After Hours Care every day that my child attends school

Please indicate your desired start date (School Year, Jan. Entrance, etc) : _____

Student Information

Child's Name _____
 First Middle Last Nickname

_____ Date of Birth Age Male/Female

Family Information

Mother's Name _____ Occupation: _____

Email: _____ Work Phone: _____ Cell: _____

_____ Address City State Zip

Father's Name _____ Occupation: _____

Email: _____ Work Phone: _____ Cell: _____

_____ Address City State Zip

Describe your interest in Montessori education, and what brings you to our school?

Describe your child's previous school or care experiences, if any.

The Primary classroom is a mixed age class with students entering at approximately age 3, and staying through the year in which they turn 6. An authentic Montessori Primary classroom depends on the mix of experienced students and new students to achieve the results possible in a Montessori classroom. Describe your level of commitment to a three year program.

What makes your child joyful? What can be challenging for your child?

Does your child have any special needs, physically or emotionally?

How would you describe your child's level of bathroom independence?

Does your child nap? YES / NO

If your child will be napping at school, please describe some of the soothing methods you use to help your child fall asleep (i.e., soft music, blackout curtains, stuffed animal, back rubs, etc.)

Is there anything else you think we should know about your child?

How did you hear about MCMS?

Signatures:

Father _____ Mother _____

Legal Guardian (if applicable) _____

Date ____/____/____

Once this application has been processed and your child admitted into our program, Missoula Christian Montessori School will mail you a Registration Packet. Please mail this application to:

Missoula Christian Montessori School, 301 S. 6th St. W., Missoula, MT 59801

*Missoula Christian Montessori School is an equal opportunity employer and provider.
In the event that there are more qualified applicants than space available, a non-discriminatory waiting-list will be established on the basis of the order of applications received.*