

Application received \_\_\_\_\_

School Year \_\_\_\_\_

# Montessori School of Greater Hartford

141 North Main St., West Hartford  
Connecticut 06107 | 860 236 4565  
**tokoo@msgh.org** | msgh.org



APPLICATION FOR

## Primary Program Enrollment

Please circle plan preference:    *Half day 8:30-12:00*    *Full day 8:30-3:00*    *All day 8:30-5:30*

Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ethnicity:    \_\_\_ African American    \_\_\_ Asian American    \_\_\_ European American    \_\_\_ International  
              \_\_\_ Latino/Hispanic    \_\_\_ Middle Eastern    \_\_\_ Multiracial    \_\_\_ Native American  
              \_\_\_ Pacific Islander    \_\_\_ Unsure/Not Reported

First Language \_\_\_\_\_ Language(s) spoken in home \_\_\_\_\_

### Siblings

Name	Date of Birth	Gender	School attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there others in the immediate household? \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Home address \_\_\_\_\_ Home address \_\_\_\_\_

Phone: home \_\_\_\_\_, cell \_\_\_\_\_ Phone: home \_\_\_\_\_, cell \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Education (please check highest level completed)  
\_\_\_ High school    \_\_\_ College    \_\_\_ Post-graduate  
Name of school from which you graduated/Year

\_\_\_\_\_/\_\_\_\_\_

Education (please check highest level completed)  
\_\_\_ High school    \_\_\_ College    \_\_\_ Post-graduate  
Name of school from which you graduated/Year

\_\_\_\_\_/\_\_\_\_\_

Grandparent Information

Name \_\_\_\_\_ Name \_\_\_\_\_

Home address \_\_\_\_\_ Home address \_\_\_\_\_

\_\_\_\_\_

Phone: home \_\_\_\_\_, cell \_\_\_\_\_ Phone: home \_\_\_\_\_, cell \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

Are parents separated or divorced? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please answer the following:*

With whom does the child live? \_\_\_\_\_

Who is the legal guardian? \_\_\_\_\_

To whom should the bills be sent? \_\_\_\_\_

To whom should mailings be sent? \_\_\_\_\_

Please share why you are choosing a Montessori experience for your child.

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

Please list other schools to which you have applied or plan to apply.

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

A non-refundable fee of \$100.00 must accompany this application form.

This fee will *not* be applied against tuition.

\_\_\_\_\_  
Signature of Parent or Guardian Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date \_\_\_\_\_

*Montessori School of Greater Hartford does not discriminate against any person in admission, employment, or otherwise on the basis of race, color, religious creed, gender or sex, age, national origin, ancestry, marital status, sexual orientation, physical or mental disability (unless such disability prevents performance of the work involved), or on any other basis prohibited by law.*