



APPLICATION FOR

# Adolescent Program

141 North Main Street,  
West Hartford, CT 06107  
Phone: 860.236.4565  
Fax: 860.586.7420

Please circle plan preference: Full day 8:30-3:15 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    \_\_\_ 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 \_\_\_\_\_

*MSGH does not discriminate on the basis of race, color, religion, gender, national or ethnic origin, or disability with regard to admissions, or in the administration of its policies or programs.*