Application received	
School Year	

Montessori Schoo	ol of Greater .	Hartford
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141 North Main St., West Hartford Connecticut 06107 | 860 236 4565 tokoo@msgh.org | msgh.org



APPLICATION FOR

## Toddler Program Enrollment

	Please circle plan pre	ference: Half	day 8:	30-12:00	Full	day 8:30-3:00	All day 8:30-5:30
Child's full nar	ne			Date of E	Birth _		Gender
Address		City				State	Zip
Ethnicity:	African American Latino/Hispanic Pacific Islander	Middle Eas	stern	Multii			
First Language	÷	Language(s) spoken in home					
<u>Siblings</u> Name		Date of Birth		Gender		School attend	ding
	ers in the immediate ho						
Parent/Guardi	ian		Par	ent/Guar	dian <sub>-</sub>		
Home address	3		Hor	me addre	ess		
Phone: home	e, cell		 _ Pho	one: hom	ie		cell
E-mail address	S		E-m	nail addre	ess		
Employer			. Em	ployer			
Address			Ad	dress			
Work phone _			Wo	rk phone			
Position			Pos	ition			
High school	ease check highest levol Pollege Pollege grad	ost-graduate		High sch	ool _	College _	t level completed) Post-graduate graduated/Year ,

<u>Granaparent information</u>					
Name	Name				
Home address	Home address	Home address			
Phone: home, cell		, cell			
Email	Email				
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 Montesso	ori experience for your child.				
Please list other schools to which you have app	olied or plan to apply.				
A non-refundable fee of \$100.00 must accomp This fee will <i>not</i> be applied against tuition.	eany this application form.				
	Date				
Signature of Parent or Guardian					
	Dal				
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.