



**Community Montessori School  
Application for Enrollment**

Child's Name: \_\_\_\_\_ Child's Birth date \_\_\_\_\_  
Last Name, First Name

Desired entry month/yr: \_\_\_\_\_ Gender \_\_\_\_\_

CMS program of interest: *Casita=18 months-3 years; Children's House = 3-6 years;  
Lower Elementary= 6-9 years; Upper Elementary= 9-12 years*

- Casita Morning (11:30)       Casita Extended (2:45)       Casita All Day (6:00)
- Children's House Morning (11:30)     Children's House Extended (2:45)     Children's House All Day (6:00)
- Elementary     Morning care (7:15- 8:15) (Add on)     After School Care 3:00 – 6:00 (Elementary Add on)

Mother/Guardian name (last name first): \_\_\_\_\_

Father/Guardian name (last name first): \_\_\_\_\_

Who does the child live with? Mother    Father    Both    Other: \_\_\_\_\_

Family Contact Information: Name \_\_\_\_\_ Number \_\_\_\_\_

Address \_\_\_\_\_, \_\_\_\_\_, Zip \_\_\_\_\_

Email \_\_\_\_\_ Alternate phone number \_\_\_\_\_

Other School experience: \_\_\_\_\_

Primary language: \_\_\_\_\_ Second language \_\_\_\_\_

Special considerations: \_\_\_\_\_

Are you interested in continuing your child's Montessori education into the elementary years?  
\_\_\_\_\_

How did you hear about CMS? \_\_\_\_\_

Date of meeting with the Director: \_\_\_\_\_

**Race:** (as per federal requirement) \_\_\_ White \_\_\_ African American \_\_\_ Asian \_\_\_ American Indian/Alaskan Native  
\_\_\_ Hawaiian/Other Pacific Islander

**Ethnicity:** (as per federal requirement) \_\_\_ Hispanic/Latino \_\_\_ Not Hispanic/Latino

**Application should be accompanied by a \$50 non-refundable application fee. This form and fee can be delivered or mailed to 500 Pleasant Valley Drive, Georgetown, TX 78626**

Office Use:

\_\_\_ PPM    \_\_\_ AF    \_\_\_ PL    \_\_\_ CI    \_\_\_ CP    \_\_\_ MRX

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