



Tree of Life Montessori Application for Admission

*Your child must be at least 3 years old and be independent in the bathroom to apply for admission.

Student's Name: (First, Middle, Last)

Name Called

Date of Birth

Parent/Guardian's Name: (First, Middle, Last)

Cell Phone

Email Address

Parent/Guardian's Name: (First, Middle, Last)

Cell Phone

Email Address

Parent/Guardian's Name: (First, Middle, Last)

Cell Phone

Email Address

Child's Home Address

City

State

Zip

School(s) Previously Attended

Name of Teacher

School Phone Number

Address of Previous School

Dates Attended

Who is responsible for the child's tuition?

Do you agree to attend a New Parent Orientation meeting? (This is mandatory for your child to attend)

Are you applying for: (Check)

- Half Day 8:30 am – 12:50 am
- Full Day 8:30 am – 4 pm

Is your child vaccinated against COVID? Yes/No

If not, will you be willing to do so once available?
Yes/No

When will your child be ready to join?

The following information will help us know more about your child and your family.

1. Montessori values teaching skills for independence in the young child.
 - a. Is your child potty-trained? Yes/No Can your child pull up his/her pants? Yes/No
 - b. Can your child put on socks and shoes by him/herself? Yes/No
 - c. Can your child drink and feed him/herself? Yes/No Use a fork or spoon to eat? Yes/No
2. Skills for success in the classroom
 - a. Can your child pick up his/her toys and put them away by him/herself? Yes/No
 - b. Are you willing to support our work with cursive letters - both reading and handwriting? Yes/No
 - c. Are you willing to learn about Montessori principles? Yes/No
 - d. Are you willing to support our nutrition goals by following myplate.gov by serving a vegetable, a fruit, a grain and a protein every day in your child's lunch? Yes/No
3. Are you open to our multicultural work that addresses all major world religions with equal respect?
Yes/No
4. Would you be interested in your child attending the entire 3-year program including the Kindergarten year? Yes/No
5. What are your educational goals for your child?

6. Are other languages spoken at home? What is your child's primary spoken language?

7. How do you discipline your child?

Signature of Parent or Guardian _____ Date _____

Please enclose a non-refundable application fee of fifty (\$50) dollars.

Please make checks payable to: **Marla Nargundkar** or Zelle to mnargundkar@gmail.com
Mail to the following address. 2802 Fairlane Dr., Atlanta, GA 30340, 770-458-9955