



## MCMS Primary Application Form

**Please include a \$60 non-refundable application fee with this form.**

Please indicate in each column the schedule you are considering. Only children under the age of 4 years by August 1st of the applicable school year will be considered for three day schedules. Kindergarten age students must attend five days per week, half day or full day optional.

\_\_\_\_\_ 3 days/wk (circle your preferred days) M T W Th F \_\_\_\_\_ Half Day (8:30 - 12)  
\_\_\_\_\_ 4 days/wk (circle your preferred days) M T W Th F \_\_\_\_\_ Full Day (8:30 - 3)  
\_\_\_\_\_ 5 days/wk

Please indicate your needs for After-hours care (between 3 and 5 p.m.)

*Please note: Aftercare is offered only in years in which demand is high enough to provide staffing as well as an optimal peer environment. There is no Aftercare available on Fridays. If your child is accepted into our program, requires Aftercare, and we will not be offering it in the coming year, we will contact you directly so that you can make alternate arrangements for the after-school hours.*

\_\_\_\_\_ I do not need After Hours Care  
\_\_\_\_\_ I will occasionally use After Hours Care  
\_\_\_\_\_ I require After Hours Care every day that my child attends school

Please indicate your desired start date (School Year, Jan. Entrance, etc) : \_\_\_\_\_

### Student Information

Child's Name \_\_\_\_\_  
First Middle Last Nickname  
\_\_\_\_\_  
Date of Birth Age Male/Female

### Family Information

Mother's Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Please answer the following questions to help us get a sense of your son or daughter as a unique individual. Feel free to attach more paper if you would like additional space.

Describe your child's previous school or care experiences, if any.

What makes your child joyful? What can be challenging for your child?

Does your child have any special needs, physically or emotionally?

How would you describe your child's level of bathroom independence?

Does your child nap? YES / NO

If your child will be napping at school, please describe some of the soothing methods you use to help your child fall asleep (i.e., soft music, blackout curtains, stuffed animal, back rubs, etc.)

Is there anything else you think we should know about your child?

How did you hear about MCMS?

Signatures:

Father \_\_\_\_\_ Mother \_\_\_\_\_

Legal Guardian (if applicable) \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Once this application has been processed and your child admitted into our program, Missoula Christian Montessori School will mail you a Registration Packet. Please mail this application to:

**Missoula Christian Montessori School, 301 S. 6th St. W., Missoula, MT 59801**

*Missoula Christian Montessori School is an equal opportunity employer and provider.  
In the event that there are more qualified applicants than space available, a non-discriminatory waiting-list will be established on the basis of the order of applications received.*