

## APPLICATION FOR ADMISSION: PRESCHOOL & KINDERGARTEN

Name of Applicant: \_\_\_\_\_  
**First Middle Last**

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax/Email: \_\_\_\_\_

Business/Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

With whom does the child live: \_\_\_\_\_

Siblings:	Name	Birthdate	School Sibling Attends
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Current School: \_\_\_\_\_

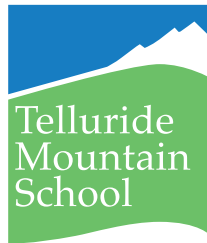
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Street Town State Zip**

Principal/Head of School's Name: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_  
**Signature Date**  
\_\_\_\_\_  
**Signature Date**

### PLEASE ENCLOSE \$50 NON-REFUNDABLE APPLICATION FEE

*The Telluride Mountain School admits students of every race, color, national and ethnic origin to all of the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, race, national or ethnic origin in the administration of its educational and admissions policies and other school administered programs.*



## STUDENT QUESTIONNAIRE PRESCHOOL & KINDERGARTEN

Name of Applicant: \_\_\_\_\_  
                                    **First**                                    **Middle**                                    **Last**

Applying for school year/start day: \_\_\_\_\_

Select the program(s) in which you wish to enroll your child:

\_\_\_\_\_ 3-day Morning (8:45-11:45 Tuesday through Thursday OR Wednesday through Friday)

\_\_\_\_\_ 3-day Morning (8:45-1:45 Tuesday through Thursday OR Wednesday through Friday)

\_\_\_\_\_ 3-day Morning (8:45-2:45 Tuesday through Thursday OR Wednesday through Friday)

\_\_\_\_\_ 4-day Morning (8:45-11:45 Tuesday through Friday)

\_\_\_\_\_ 4-day Primary (8:45-1:45 Tuesday through Friday)

\_\_\_\_\_ 5-day Primary (8:45-1:45 Monday through Friday)

\_\_\_\_\_ Nap/ Rest (preschoolers) (1:45-2:45 daily)

\_\_\_\_\_ Kindergarten/ Extended Day (8:45-2:45 Monday through Friday)

*Our primary goal in the admission process is to find the right fit between the school, child and family. Please answer the following questions to give us a sense of your expectations for your child's education and help us learn about your child and family. Use the back or separate paper as needed.*

**What is it about Montessori at Mountain School that appeals to you?**

**What do you expect for your child from this program?**

**What strengths and challenges does your child bring to school?**

**As your child moves towards first grade, what qualities are you seeking in a school?**

**What responsibilities does your child have at home?**

**How does your child spend his or her free time?**

**Is there any additional information that would help us better understand and serve your child and family if he/she enrolls at Montessori at Mountain School?**