

Juneau Montessori School
750 St. Ann's Ave., Douglas, AK 99824
(907) 364-3535 / fax 364-3537
jms@juneaumontessori.org

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|-----------------|
| OFFICE USE ONLY |
| Application Fee |
| \$ _____ |
| Date Received |
| _____ |
| by _____ |

WAITLIST APPLICATION FORM

This form must be completed in full and be accompanied by a non-refundable application fee of \$35.00 for your child to be placed on the waiting list and considered for enrollment at the school.

Today's Date: _____ Date(s) of desired enrollment: _____

Age of Child _____

Our application preference is for: ____ School Day (8-3:30) ____ Full Day (7:30-5:30)
(Please indicate your 1st and 2nd choices above.)

Child's Full Name: _____ Birth date: _____

Child's Nickname: _____ Gender: _____

Mailing Address: _____

1st Parent's Name: _____ Occupation: _____

Home Address: _____ Phone: _____

Place of Business: _____ Phone: _____

E-mail Address: _____ Phone: _____

2nd Parent's Name: _____ Occupation: _____

Home Address: _____ Phone: _____

Place of Business: _____ Phone: _____

E-mail Address: _____ Phone: _____

Child's Previous Group Experience: (please include name of facility and number of children):

_____ Dates: _____

Siblings:

Name _____ Age _____

Name _____ Age _____

Name other people in the household (relatives, friends, roommates, etc.): _____

Is there a language other than English spoken in your home? _____

If the child is adopted, foster child, or stepchild, or if the parents are divorced, please provide any information regarding the child's history or custody arrangements, which might be helpful to the staff in working with the child. _____

Does your child have any allergies? _____ If so, describe: _____

Any health issues that the staff at JMS should be aware of? _____

How would you describe your child's personality? _____

Does your child mind being away from you? (Please explain your child's reaction to being left with a caregiver) _____

Does your child enjoy playing alone? _____ If yes, for how long? _____

What are your child's special interests or inclinations? _____

Explain the type(s) of behavior management techniques you use with your child: _____

What are the ground rules that your child must adhere to at home? _____

What do you do if these ground rules are broken? _____

Are there any particular issues that you and your child are currently working on? _____

How many hours per day does your child nap? _____

Does your child have difficulty going to sleep? ____ Explain: _____

Our school requires a minimum of four hours of parental participation a month or 48 hours per year in our Parent Involvement Program. There are many forms of involvement such as serving on the Board or Committees, Classroom and School clean up, light carpentry, help making classroom materials, assistance on field trips, you name it . . . An alternative \$40.00 donation may be substituted for a month's worth of volunteer involvement. Would you be able to fulfill this obligation? _____

Describe talents or skills you have that you would be willing to share with the School: _____

What types of expectations do you have about the Juneau Montessori School for your child? _____

Describe your background and/or knowledge of the Montessori teaching approach: _____

What questions do you have about Montessori and our School? _____

What kind of communication between the school and your family do you expect? _____

Parent Signature: _____ Date: _____