



**DAMARISCOTTA MONTESSORI SCHOOL ~**  
**APPLICATION FOR PRIMARY ADMISSION (\$35 FEE)**

<input type="checkbox"/> <b>Primary 3 Day Program (Ages 3-4)</b> <input type="checkbox"/> <b>Half Days</b> <input type="checkbox"/> <b>Full Days</b> <i>Rank Options (subject to availability):</i> ___ <b>MTW</b> ___ <b>WRF</b> ___ <b>MTR</b> ___ <b>TRF</b> ___ <b>MWF</b>	<input type="checkbox"/> <b>Primary 5 Day Program (ages 3-6)</b> <input type="checkbox"/> <b>Half Days</b> <input type="checkbox"/> <b>Full Days</b>
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**Child Information**

<b>Full Name:</b>	<b>Date of Birth:</b>
<b>Nickname:</b>	<b>Gender:</b> <b>Male</b> <b>Female</b>
<b>Home Address:</b>	<b>Home Phone:</b>
<b>Sibling:</b> <b>Age:</b>	<b>Sibling:</b> <b>Age:</b>
<b>Sibling:</b> <b>Age:</b>	<b>Sibling:</b> <b>Age:</b>

**Family Information**

<b>Mother's Name:</b>	<b>Father's Name:</b>
<b>Mailing Address:</b>	<b>Mailing Address:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Place of Business:</b>	<b>Place of Business:</b>
<b>Work Address:</b>	<b>Work Address:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>
<b>Email:</b>	<b>Email:</b>

**Medical Information**

<b>Pediatrician Name:</b>	<b>Allergies:</b>
<b>Pediatrician Address:</b>	<b>Restrictions:</b>
<b>Pediatrician Phone:</b>	<b>Physical Impairments:</b>
	<b>Hearing:</b> <b>Vision:</b>

In Accordance with Federal Law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to the: USDA, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave SW, Washington, DC 20250-9410, or call 1-800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer.

### Educational Information

<b>Previous School Name:</b>	<b>School Name:</b>
<b>School Address:</b>	<b>School Address:</b>
<b>School Phone:</b>	<b>School Phone:</b>
<b>Duration:</b>	<b>Duration:</b>
<b>Grade Level:</b>	<b>Grade Level:</b>
<b>Reason for Leaving:</b>	<b>Reason for Leaving:</b>

<b>Reason for applying to DMS?</b>
<b>What activities do you enjoy doing with your child?</b>
<b>What are the goals that you have for your child while at DMS?</b>
<b>Does your child have any special needs that we should be aware of?</b>
<b>Is your child toilet trained?</b> <span style="margin-left: 150px;"><b>Yes</b></span> <span style="margin-left: 150px;"><b>No</b></span>
<b>Do you need to use our extended day program?</b> <span style="margin-left: 100px;"><b>Yes ( AM PM Both )</b></span> <span style="margin-left: 100px;"><b>No</b></span>
<b>DMS serves children from ages 3 – 14. Through what age do you plan to have your child attend DMS?</b>
<b>How did you hear of DMS?</b>

### Application Procedure

1. Parent tour and interview with the school’s administration.
2. Application and non-refundable application fee due prior to child visit.
3. Child visit to the classroom.
4. Notification of admissions decision.
5. Enrollment deposit and enrollment agreement are due upon acceptance.

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 Signature of parent or guardian Date

Damariscotta Montessori School considers the records of all individual students to be confidential information available to a child’s parents or guardians upon request. Records will only be released to other schools or agencies upon signed request from a parent or guardian and only after all accounts due are paid in full.