

Current
Photograph
of Child

Children First

A Montessori Community

Wait List Application

For Office Use Only

____ Fee __/__/__
____ Check Number
____/____/____ Starting Date
____/____/____ Withdraw Date

Child's full name (Please put nickname in parentheses) Date of Birth/Due Date Gender

Parent 1/Guardian 1 Name (Please put preferred name in parentheses)

Home Address City State Zip

Employer Occupation/Job Title Work Phone

Home Phone Cell Phone Pager

Email address

Parent 2/Guardian 2 Name (Please put preferred name in parentheses)

Home Address City State Zip

Employer Occupation/Job Title Work Phone

Home Phone Cell Phone Pager

Email address

How did you hear about Children First, A Montessori Community? _____ Nashville Parent Magazine _____ Internet/Website
_____ Friend/Relative _____ Other _____

Please check the program (8:00am - 3:30pm) for which you are applying. Desired Enrollment Date: _____
If applying for part time, please circle the days preferred: (TWR and MF are the only combination of days not available).

____ Infant- Ages 2 months to 12 months ____ Cruiser- Ages 10 months to 20 months ____ Toddler - Ages 18 months to 3 yrs
____ Full Time - Monday-Friday ____ Part Time - 2 days (MTWRF) ____ Part Time - 3 days (MTWRF)

____ Primary - Ages 3 to 6 years (Including Kindergarten)
____ Full Time - Monday-Friday ____ Part Time - 2 days (MTWRF) ____ Part Time - 3 days (MTWRF) ____ Kindergarten - Monday-Friday

Extended Care

____ Before Care - 7:30-8:00 a.m. ____ After Care - 3:30-6:00 p.m. ____ Both Before and After Care - 7:30-8:00 a.m and 3:30-6:00 p.m.

I understand that the enclosed fee is non-refundable and not applicable to tuition. CFMC reserves the right to place children in order to maintain balanced classes with respect to number of children, their ages, sex and individual needs of students.

My signature below indicates that all information contained in this application is factually correct and honestly presented.

Signature _____ Date _____ Signature _____ Date _____

All students are welcome without regard to race, color, religion, gender, disability or national origin. Return this form with the \$75 non-refundable application fee to:
Children First, A Montessori Community, 3420 Belmont Blvd., Nashville, TN 37215



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Child's name in full (Please put nickname in parentheses)

Please fill out the following questionnaire about your child and family. The questions are used in the admission process to serve as a guide insuring that the school can best serve your child's needs, interests and the needs of the school. This questionnaire must accompany your child's application to begin the admission process.

What are the top three reasons for choosing a Montessori experience for your child? _____

Tell us about your child's learning behavior. (i.e., self-motivated, independent learner, needs help to stay on task, academic strengths and weaknesses, any difficulties in school, etc.) _____

Tell us about your child's typical day, weekday and weekend. (i.e., schedule, who cares for the child, what the child does, sleeping and eating habits, etc.)

Tell us about your child's temperament. _____

Tell us about your family values. _____

Tell us about your child's social involvement. (i.e., prefers large groups, one-on-one, grownups, children, loud/quiet atmosphere, a close friend, etc.)

Thank you for taking the time to help insure a proper fit between the school, your child and your family. Return this form with the application to:
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