

# Christian Montessori Academy

Application for Admission

3702 S 90<sup>th</sup> E. Ave.  
Tulsa, OK 74145  
918-628-6524

Children are evaluated on the basis of readiness for school and potential for success in a Montessori classroom. It is equally important to determine whether the parents' educational philosophy is compatible with that of CMA. The admissions process consists of a parent observation visit, submission of a completed application form and non-refundable registration fee.

A parent, child, and teacher meeting may also be required prior to admittance. Older children may be asked to spend time in the classroom prior to acceptance for admission.

CMA is a private, non-denominational school which teaches using proven Montessori methodology, including Dr. Montessori's religious curriculum. It is important for all enrolled families to uphold our tradition of excellence in embracing the spiritual and educational growth of each child.

CMA welcomes all qualified individuals regardless of sex, race, color, creed, disability, national or ethnic origin.

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: M F

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Parental Status: Married Divorced Separated Never Married

If divorced, who maintains custodial rights: Mother Father Joint

Child's Residing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Language spoken in the home: \_\_\_\_\_ Secondary: \_\_\_\_\_

Siblings of Enrolling Child:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M F

Mother's Employer: \_\_\_\_\_

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

Father's Employer: \_\_\_\_\_

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

Mother's email: \_\_\_\_\_ Father's email: \_\_\_\_\_

Previous schools attended by Enrolling Child (include day care facilities)

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

**Please help us get to know your child by completing the following information:**

What is your experience with Montessori education? \_\_\_\_\_

\_\_\_\_\_

What educational goals do you have for your child? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's learning style? \_\_\_\_\_

\_\_\_\_\_

What do you consider to be your child's strengths? \_\_\_\_\_  
\_\_\_\_\_

What do you consider to be your child's weakness? \_\_\_\_\_  
\_\_\_\_\_

How does your family enjoy spending time together? \_\_\_\_\_  
\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs – emotionally, physically, or medically that we need to be aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have allergies of any kind?      Yes    No    If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Have these allergies or special needs been medically diagnosed by a physician or pediatrician?    Yes    No

What is the name of your child's primary care physician? \_\_\_\_\_

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

Are you committed to promoting and supporting Christian Montessori Academy and its educational doctrine?  
Yes                      No

In what ways will your support of CMA best fit your lifestyle? (please circle)

Monetary

Advertising/Promotion

Construction

Classroom

Events

Fundraising

Clerical/Office

Musical

Other: \_\_\_\_\_

CMA is a non-profit, 501(c)(3) corporation. Tuition payments alone do not cover the total operating expenses incurred over the course of each school year. CMA relies on generous donations and community support in order to operate. Occasionally, shortfalls occur and the need for additional funding may arise. Can we count on your support during these times?    Yes                  No

Please feel free to make any additional comments you feel would be helpful in reviewing your application for acceptance into CMA:

\_\_\_\_\_  
\_\_\_\_\_

*Thank you.*

A non-refundable deposit of \$200.00 per child is required to secure a placement in CMA. This fee is not applied to tuition or account balances of any kind.

I hereby apply for the admission of my child to Christian Montessori Academy for the school year 2010-2011, and agree to abide by the rules and regulations thereof.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Letter of Acceptance Sent:    Yes    No    Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Program:    Preschool    Elementary I    Elementary II    Middle School    Start Date: \_\_\_\_\_

Letter of Non-Acceptance Sent:    Yes    No    Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Reason for Non-Acceptance:  
\_\_\_\_\_

\_\_\_\_\_  
Director of Education

\_\_\_\_\_  
Date: