



For Office Use Only
 _____ Fee ____/____/____
 _____ Check Number

Wait List Application

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 are the only combination of days not available)

Program

_____ Infant- Ages 2 - 8 months _____ Cruiser- Ages 8 - 14 months _____ PreToddler- Ages 14 - 21 months _____ Toddler - Ages 21 months - 3 years
 _____ Primary/Kindergarten - Ages 3 - 6 years _____ Elementary- Ages 6 - 9 years

Part Time or Full Time Option

_____ Part Time - 3 days (MTWRF) _____ Part Time - 4 days (MTWRF) _____ Full Time - Monday-Friday _____ Full-Time - Kindergarten

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 the number of children, their age, sex, and individual needs of the 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 application fee to: **New Children First, A Montessori Community, 1710 Woodmont Blvd., Nashville, TN 37215 (615) 292-9938**



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:
New Children First, A Montessori Community, 1710 Woodmont Blvd., Nashville, TN 37215 (615) 292-9938 fax (615) 292-9948