



APPLICATION FOR ENROLLMENT
School Year 2012-2013

Eligibility: If your child (1) is a resident of Montgomery County and (2) is or will be 3 or 4 years old by **September 1, 2012**, he or she is eligible to apply for enrollment.

STUDENT NAME: _____
First Last MI

Date of Birth _____ Gender (M/F) _____

Parent/Guardian (Mr/Mrs/Ms) _____
First Last MI

Home Address: _____
Street

City/State Zip Code E-mail

Phones: Home: _____ Work: _____ Cell: _____

What languages are spoken at home? _____

What prior experience do you or your child have with Montessori Education?

Current pre-school/day care program (if applicable) _____

How did you hear about CMCS?
 Newspaper Flyer Neighbor/friend Website Other _____

If applicable, please enter the name of a sibling age 3 or 4 who is also applying to CMCS (note: a separate application must be submitted for each child) _____

Please initial the following statements:

- _____ I have read and understand the Frequently Asked Questions attached to this application
- _____ I understand that seats will be offered based on a lottery system that gives preference to younger CMCS siblings, CMCS Staff children, and Founders' children.
- _____ I understand that once offered a seat, I will have one (1) week to accept, and that enrollment will be contingent upon attendance at a mandatory orientation session in early April 2012.

Parent/Guardian Signature _____ Date _____

Return this completed form by the deadline, **Thursday, March 1, 2012 at 3:00 PM** – to Crossway Community, Inc., 3015 Upton Drive, Kensington, Maryland 20895, fax it to 301-949-4741, or e-mail it to reception@crossway-community.org. For questions about this form, please call 301-929-2505.

This form is available in Spanish. Please contact us for more information. Este formulario é información está disponible en español. Por favor comuníquese al 301-929-2505.

For Office use only:

Date/Time Received: _____

Lottery Number Assigned: _____

STUDENT ID
