



CALVARY BY THE SEA MONTESSORI SCHOOL

5339 Kalaniana'ole Hwy. Honolulu, Hawai'i 96821 808.377.5104 Fax: 808.373.7252

www.calvarybytheseamontessorischool.org email: preschooldirector@calvarybythesea.org

APPLICATION FOR ADMISSION

Please print clearly

Name of Child _____
name) (Last) (First) (Full Middle) (preferred)

Date of Birth _____ Place of Birth _____ Sex: Male Female

Current Address _____

City, State & Zip Code _____ Home Phone _____

Parent/Legal Guardian Name in Full: _____ Parent/Legal Guardian Name in Full: _____

Address _____ Address _____

Zip _____ Zip _____

Phone _____ Phone _____
(Home) (Cell) (Home) (Cell)

Email _____ Email _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Please indicate preferred contact number (s) _____

Check Which Applies: Parents Married Parents Separated Parents Divorced Single Parent

With whom is child living? _____ Who is legal guardian? _____

Name(s) and ages of siblings _____

List those in immediate family living at home _____

Is your child regularly cared for by anyone other than parents? Y N If so, by whom? _____

What portion of the day? _____

Church Affiliation _____ Ethnic Origin _____

Primary Language _____ Additional Language (s) spoken _____

Has child attended school before? Y N If so, give name of school and dates attended: _____

How did you hear about Calvary by the Sea Montessori School?

Word of Mouth Referral From _____ Publication _____
Name

Internet Mailed Brochure Other

Level Applying For: Academic Year: 20_____ August January

Toddler (2 to 3 yrs.) 7:30-12:00 7:30-2:45 7:30-4:00 7:30-5:30

Primary (3 to 6 yrs.) 7:30-12:15 7:30-2:45 7:30-4:00 7:30-5:30

* Primary includes the kindergarten year

We recommend that parents observe in a classroom before your child is considered for admission.

Please answer the following questions. You may attach a separate sheet of paper if you would like more space to answer the questions.

Please share with us why you are interested in having your child attend Calvary by the Sea Montessori School:

Your parental perspective helps us to get to know your child better. What are your child's strengths and unique characteristics? Please also include any concerns (social, pre-academic, behavioral, or medical) that may have affected your child's development and/or educational experience thus far:

What specific aspect(s) of the Montessori philosophy are you most drawn to? What aspects do you feel would benefit your child and why? Please include any first hand experience you've had with Montessori education.

Please describe the most important values by which you and your family live. How do you instill and reinforce those values?

What are your child's and family's special interests and extracurricular activities?

Do you plan to continue your child at Calvary through the 3-year cycle? (This includes the kindergarten year) If not, where do you plan to apply your child for kindergarten/elementary?

Return this application with the *non-refundable \$50 application fee* to Calvary by the Sea Montessori School, 5339 Kalaniana'ole Hwy., Honolulu, Hawai'i 96821 Please make checks payable to Calvary by the Sea School.

I understand that Calvary by the Sea Montessori School will contact me by telephone to schedule a classroom observation and parent/child intake interview.

(Signature of Parent (s) / Legal Guardian)

(Date)

PLEASE ATTACH A CURRENT PHOTO OF YOUR CHILD.

Calvary by the Sea Montessori School does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, age or disability in the administration of its educational and admission policies, financial aid, and other School administered programs.

FOR OFFICE USE ONLY

Date Application Fee Received _____	Check # _____	Acknowledgement Sent _____
Date of Observation _____	Date of Interview _____	Date of Admittance _____
Date Deposit Received _____	Acceptance Letter Sent _____	Date Enrollment Packet Mailed _____
Class Assignment _____	Start Date _____	