



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 (Last) (First) (Full Middle) (preferred name)

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 (Home) (Cell) Phone (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 Name Publication
Internet Mailed Brochure Other

Level Applying For: Academic Year: 20\_\_\_\_\_

August

January

- Toddler (2 to 3 yrs.)     Half Day (7:30-12:00)     Full Day (7:30-2:45)     Full Day w/After School Care (7:30-5:30)
- Primary (3 to 6 yrs.)     Half Day (7:30-12:15)     Full Day (7:30-2:45)     Full Day w/After School Care (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 firsthand 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 _____	