

For Office Use Only-	Date/time application received						
	Priority	\$25 App fee rec'd- Yes	No	Check #			

STERLING MONTESSORI PRESCHOOL APPLICATION for 2022-2023

Applicant's Infori	mation (please pri	nt):				
Legal Name:						
	Last		First		N	1iddle
Date of Birth:		Age on A	August 31, 2022	2	Gender: • N	Male • Female
Is this an applicatio	n for a twin or multi	ple(s)? • Yes	• No			
If yes, list name(s)	of the twin or multip	le(s):				
	ligible to start schoo not yet 3 will be pla			ge of 3 and is in	dependent in t	he bathroom. All
3 ye	ar old (must be 3 in	order to attend so	chool)	4 year old (m	ust be 4 on or b	efore 8/31/22)
Parents'/Court A	ppointed Legal Gu	ardians' Inform	ation (please	print):		
Custody of Child (Circle	one please): Fathe	r Mother	Both Parents	Other		
Parent/Guardian #1			Parent/Guard	dian #2		
Name:			Name:			
Relationship to applican	t:		Relationship	to applicant:		
Address:			Address:			
City	State	Zip Code	City		State	Zip Code
Phone:		•	Phone:			
Home		Cell	<u></u>	Home		Cell
Email:			Email:			
1) Does this applica	ant have a sibling(s)	currently enrolle	d at Sterling M	ontessori?	Yes No	
If yes, please provid	de the name/s, grade	e/s and assigned o	:lassroom/s:			
2) Are you submitt	ing a charter lottery	application for th	nis applicant's s	sibling/s? • Y	'es • No	
If ves. please provid	de sibling name/s an	d the grade/s for	which the siblir	ng/s is/are apply	ving:	
		•		•	•	Grade
	have any preschool					
	ar about Sterling Mo					
Have you taken Ste	erling's Virtual Tour?	Yes No	Have you a	ttended an Infor	mation Session	? Yes No

	In the event of an emergency	ed or to the following individuals, as authorized by the y, if the parents/guardians cannot be reached, the school
Name/Relationship	Address	Phone
Name /Relationship	Address	Phone
HEALTH CARE NEEDS:		
	all be attached to the applicat	or other chronic conditions that require specialized health ion. The medical action plan must be completed by the
Is there a medical action plan att	ached? • Yes • No	
List any allergies, including anima	ls , and the symptoms and typ	e of response required for allergic reactions.
List any health care needs or conc	erns, symptoms of, and type	of response for these health care needs or concerns.
List any medication taken for that	illness.	
List any particular fears or unique	behavior characteristics the c	child has (including animals).
Share any other information that	has a direct bearing on assuri	ng safe medical treatment for your child.
EMERGENCY MEDICAL CARE INFO	DRMATION:	
Name of health care professional		Office Phone:
Hospital Preference (required)		
I, as the parent/guardian, authoriz	ze the school to obtain medica	al attention for my child in an emergency:
Signature of Parent/Guardian		Date:
emergency, other children in the facil	ity will be supervised by a respor	ppropriate medical resource in the event of an emergency. In an asible adult. Sterling Montessori will not administer any drug or child's parent, guardian or full-time custodian.
Signature of Administrator		Date

Applying to Sterling Montessori Preschool

Prior to Applying:

- Visit our website to view an informational video as well as a classroom tour led by our Children's House Director, Fay Masterson. The link to tour information is: https://www.sterlingmontessori.org/index.php/academy/admissions/visits-tours
- If interested, sign up for an Information Session. Sessions cover Pre-K3, Pre-K4, and Kindergarten. The link to sign up for an Information Session can be found here.

Submitting Your Application(s):

- A non-refundable \$25 application fee is required in order to apply. Applications received without the required \$25 fee will not be accepted, nor considered for enrollment. Please make all checks payable to Sterling Montessori.
- Applications and application fees can be dropped off in our Main Office between the hours of 8:00 4:00 or left in the locked drop box after hours.
- Applications and application fees can also be mailed to:

Sterling Montessori Academy and Charter School ATTN: ADMISSIONS 202 Treybrooke Drive Morrisville, NC 27560

If applying for multiple birth children (twins, triplets, etc.), please submit separate applications and fees, but please place them in the same envelope.

NOTE: Only checks or money orders are accepted as payment for the non-refundable \$25 application fee. Credit cards, cash, and online payments are not accepted.

Once You Have Submitted Your Application:

- The application will be dated and time stamped.
- You will receive an email confirmation letting you know we have received your application.
- Applications are placed in a waiting pool and selected by considering the following: sibling, staff, or Board priority, previous family enrollment, Montessori experience, and needs of the classroom.
- When a seat is available, you will be contacted by one of our Admissions Managers and given information about setting up a Meet & Greet for you and your child with our Children's House Director, Fay Masterson.
- For admissions information or application questions email Samantha Chase, Admissions Manager: schase@sterlingmontessori.org.

Children's House Parent Input Form



Cł	nild's Name:	Date of Birth:	Gender:	
	lease provide the following information child.	on as accurately as possible	to help us get	to know
ac pa th pr	IN adependence is a matter of extreme importal equire this. In order to grow and develop, the attern for good work habits, a sense of responsences. We as teachers and parents can stractical life skills, so as to further a child's internating their growth towards.	e child must be able to function onsibility and will help children support the effort of independen ndependence and never forget the	by himself. This learn, think and ace by giving chil	will set a discover for dren the
1.	Is your child out of diapers/pull-ups comp	oletely during the day?	Yes	Not Yet
2.	Is your 3 or 4 year old independent in the (i.e., able to go on their own, pull down/up		Yes	Not Yet
If you checked not yet, what assistance do you provide?				
3∙	If your child is not yet independent in the interested in discussing the signs of readingereet?	toiling process, are you ness during your Meet and	Yes	No
4.	Does your child attempt to dress themselv	res?	Yes	Not Yet
5.	Does your child feed him/herself?		Yes	Not Yet
6.	Describe your child's eating habits (any sp	ecial dietary needs, picky eater,	avoids certain to	extures, etc.).
7.	Does your child play on their own without If you answered NO, what strategies do yo		Yes dependently?	Not Yet
8.	What time do you begin your child's bedtin	me routine?		
9.	What are your child's sleeping habits?			
	Falls Asleep Easily	Difficulty Waking		
	Falls Asleep with Difficulty	Difficulty Sleeping	g through the Nig	ght

10. Does your child	nap?		Yes	No
If you answered	yes, what time do they go down	n for their nap? For how lo	ong do they s	sleep?
11 Doog vour abild	fall aslaan on their own?		Yes	Not Yet
11. Does your clind	fall asleep on their own?		ies	Not let
12. Does your child	have a soothing object that help	ps them fall asleep?	Yes	No
If yes, what is t	he object?			
capable of developing	LANG the right environment, the righ ng a strong, logical, ordered, an ly through human relationship.	d gracious voice. So much		
13. Does your child	speak:			
A lot	Occasionally	Rarely/Never		
14. Is English your	child's primary language?		Yes	No
If you answered	NO, what is your child's prima	ry language?		
15. If English is NO	T your child's primary language	e, do they understand Eng	lish?	
Not at all	Some words	Understands very	well	
16. Does your child sentences?	speak English using short phra	ses or complete	Yes	Not Yet
	not yet, is your child able to sp short phrases or complete sent		Yes	Not Yet
17. Are you concern	ed with your child's speech dev	relopment?	Yes	No
If you answered	yes, what are your concerns? _			
18. Does your child	ask for help when needed?		Yes	Not Yet
the child's personal who are willing to h	EMOTIONAL/ such as the child's close relation ity. By age three, children respo elp them orient themselves in totional expression, along with a	onse with gratitude, trust, the world. They evolve a se	and respect f ense of worth	for those
19. Will your child t	ypically listen to and follow an	adult's directions?	Yes	Not Yet
	l NO, how do you support your listen and follow directions?	child in this area? What st	rategies do y	ou use to

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	ld respond when feeling fr	ustrated?				
21. What is the best wa	y to soothe your child they	become frustrated?				
22. How does your child	d approach new experienc	es/situations?				
Easily	Cautiously	Anxiously				
23. Does your child hav	ve any fears?		Yes	No		
If your child is fearf	ful of animals, please whic	h ones here:				
24. How does your child	d handle separating from J	parents?				
25. If you feel your child will have difficulty separating from you at drop off time, do you feel your child would benefit from a shorter dat at the start of the school year, with hours being added gradually as they adjust? (tuition remains the same)						
child would benefit	from a shorter dat at the s	start of the school year, wit				
child would benefit	from a shorter dat at the s	start of the school year, wit				
child would benefit gradually as they ad Yes It is important for you	from a shorter dat at the s ljust? (tuition remains the No	start of the school year, with same) Unsure CDICAL ies or health concerns you	th hours being a	dded		
child would benefit gradually as they ad Yes It is important for you additional to any medic	from a shorter dat at the s ljust? (tuition remains the No ME to share with us any allerg	start of the school year, with a same) Unsure EDICAL ies or health concerns you	th hours being a	dded		
child would benefit gradually as they ad Yes It is important for you additional to any medic	from a shorter dat at the saljust? (tuition remains the No No ME to share with us any allerguations they may be taking the re any allergies (food, pet here).	start of the school year, with a same) Unsure EDICAL ies or health concerns you	th hours being a	dded e in		

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28.	Has your child attended any child care/so	chool/Montessori program settings?	Yes	No
	If you answered yes, please list the names	s of the schools attended and their loc	ation:	
	When at your child's previous child care experience while at school?	setting, how did the teacher describe	your child's	
	What were some of your child's favorite	works at school?		
29.	Are you considering Before Care (7:30-8:	30 AM) of After Care (3:30-6:00 PM)	for your child?	
	Before Care (7:30-8:30 AM)	After Care (3:30-6:00 PM)	Neither	

A MONTESSORI EDUCATION

The goal of early childhood education is to cultivate your child's own natural desire to learn. The Montessori classroom, with its prepared activities and trained adults, is structured to promote this natural process of human development. The Montessori preschool classroom provides opportunities to move, touch, manipulate, and explore. It gives children the freedom to choose their own activities without unnecessary interference from an adult. In this environment, children learn to work independently, based on their own activities, building concentration and self-discipline. The goal of a Montessori education is not to develop all children to be high achievers but to develop children into becoming the best version of themselves.

						child's education,
please share	e with us you	r vision for you	ır child's expe	rience in a M	Iontessori clas	sroom.

31. Is there anything else we should know about your child?