

## STERLING MONTESSORI ACADEMY PRESCHOOL APPLICATION for 2019-2020

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**Applicant's Information:**

Legal Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Nickname: \_\_\_\_\_

Is this an application for a twin or multiple(s)?  Yes  No

If yes, list name(s) of the twin or multiple(s): \_\_\_\_\_

**Your child is only eligible to start school once they have reached the age of 3 and is independent in the bathroom. All applicants who are not yet 3 will be placed in a waiting pool.**

\_\_\_\_\_ 3 year old (must be 3 in order to attend school) \_\_\_\_\_ 4 year old (must be 4 on or before 8/31/19)

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**Parents'/Court Appointed Legal Guardians' Information:**

Custody of Child (Circle one please):      Father      Mother      Both Parents      Other

**Parent/Guardian #1****Parent/Guardian #2**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City State Zip Code County City State Zip Code County

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Cell Home Cell

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**1) Does this applicant have a sibling(s) currently enrolled at Sterling Montessori?**  Yes  No

If yes, please provide the name/s, grade/s and assigned classroom/s: \_\_\_\_\_

**2) Are you submitting a charter lottery application for this applicant's sibling/s?**  Yes  No

If yes, please provide sibling name/s and the grade/s for which the sibling/s is/are applying:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

**3) Does your child have any preschool experience?** \_\_\_\_\_ If yes, where? \_\_\_\_\_

**4) How did you hear about Sterling Montessori Academy's preschool?** \_\_\_\_\_

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*For Office Use Only-      Date/time application received-\_\_\_\_\_*

Staff \_\_\_\_\_ Sibling \_\_\_\_\_ Board \_\_\_\_\_ Age of 8/31 \_\_\_\_\_

**CONTACTS:** Child will be released to the parent/guardians listed or to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the school has permission to contact the following individuals/

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Name/Relationship	Address	Phone
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Name /Relationship	Address	Phone
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Name/ Relationship	Address	Phone
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**HEALTH CARE NEEDS:** For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. **Is there a medical action plan attached?**  Yes  
 No

List any allergies, **including animals**, and the symptoms and type of response required for allergic reactions.

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List any health care needs or concerns, symptoms of, and type of response for these health care needs or concerns.

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List any medication taken for that illness.

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List any particular fears or unique behavior characteristics the child has (including animals).

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Share any other information that has a direct bearing on assuring safe medical treatment for your child.

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**EMERGENCY MEDICAL CARE INFORMATION:**

Name of health care professional \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital Preference (required) \_\_\_\_\_

I, as the parent/guardian, authorize the school to obtain medical attention for my child in an emergency:

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Sterling Montessori Academy agrees to provide transportation to an appropriate medical resource in the event of emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian or full-time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

## Applying to Sterling Montessori Academy Preschool

### Application(s):

- If desired, make copies of your application(s) prior to submitting it (them) to us.
- For program information, email Fay Masterson, Academy Director:  
[fmasterson@sterlingmontessori.org](mailto:fmasterson@sterlingmontessori.org)
- For admissions information, email Wyleen Davis, Admissions Manager:  
[wyleendavis@sterlingmontessori.org](mailto:wyleendavis@sterlingmontessori.org)

### Submitting Your Application(s):

- Applications can be submitted by email to: [admissions@sterlingmontessori.org](mailto:admissions@sterlingmontessori.org)
- Applications can be dropped off in our Main Office between the hours of 8:00-4:00
- Applications can also be mailed to: (please place in a 9"x12" envelope):  
*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, but please place them in the same envelope.

### 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 based on the following criteria: date of application, sibling preference, previous family enrollment, Montessori experience and needs of the classroom. When a seat is available, you will be contacted by our Admissions Manager, Wyleen Davis, and given information about setting up a Meet & Greet for your child with our Academy Director, Fay Masterson.