



Date:	Office Use Only
_____ Received	_____ Application Entered
_____ Parent Visit	_____ Records Requested
_____ Student Visit	_____ Records Received
Check # _____	Amount _____
DB _____	STU _____ FAM _____ SIB _____

## Creative Minds Montessori School

1374-A Commerce Drive  
Pottstown, PA 19464

Phone: 610.327.0717 fax: 610.367.1817

[www.creativeminds.org](http://www.creativeminds.org)

### Application for Admission

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Gender:  Boy  Girl Date of Birth: \_\_\_\_\_ Present Age \_\_\_\_\_  
Yr Mos.

Status of Present:  Married  Separated  Divorced  Single  Widowed

Father's Name: \_\_\_\_\_  
Dr. Mr. (Circle One)

Home Address (if different): \_\_\_\_\_

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

Name and Address of Employer:  
\_\_\_\_\_  
\_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Dr. Mrs. Ms. Miss (Circle One)

Home Address (if different): \_\_\_\_\_

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

Name and Address of Employer:  
\_\_\_\_\_  
\_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

How did you hear about Creative Minds Montessori School? \_\_\_\_\_

Present School: \_\_\_\_\_

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

What is the reason for changing schools? (If applicable)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you feel Creative Minds Montessori School is an appropriate choice for your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's social style in terms of his/her relationship to others (peers, adults, and family) in new settings and in familiar situations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN THIS APPLICATION AND A \$75.00 NON-REFUNDABLE APPLICATION FEE TO:  
Operations Director, Creative Minds Montessori School, 1374-A Commerce Drive,  
Pottstown, PA 19464**