

Previous Schooling

Have other children in your family attended The Cobb School?	Yes			No	
Has your child attended other Montessori schools?	Yes			No	
Name/Location of other Montessori school(s) & Dates Attended					
Name/Location of other Programs or Day Care & Dates Attended					
If your child has current Montessori experience, may we contact your child's teacher to discuss his/her current experience?					
	Yes		No		Not at this time
If Yes, please provide us with the name of the teacher, the name and address of the school, and phone number:					
Other activities during the past year(s)					
Languages spoken in your home:					

Health of Your Child

General Condition					
Significant medical problems (e.g. birth problems, major illnesses, etc.)					
Physical Restrictions					
Allergies					
Describe your child's toilet training process to date					

Language -	Does your child talk? One word sentences? Phrases? Full Sentences? - Please describe below:				

Is your child walking?		If so, when did he/she begin walking?	
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Behavior

General temperament					
What are your child's strengths?					
What does your child find difficult?					
Usual mode of discipline					
Child's sleeping habits (i.e. naps, range of sleep)					
Is/was your child breast fed or bottle fed?					
Does your child drink from a cup?	If so, starting when?				

I/We acknowledge that the information I provide during the application process is full and complete. I/we understand that failure to provide full and complete disclosure, providing false information, or making false modifications to documents can lead to dismissal or a decision not to admit the student.

A non-refundable Application Fee of \$50 must accompany this application form. This fee is not applied against tuition.

Signature of Father/Legal Guardian	Dated
Signature of Mother/Legal Guardian	Dated

**Please mail application to: Mary Anne Creto, Director of Admissions
The Cobb School, Montessori, 112 Sand Hill Road, Simsbury, CT 06070**