



<b>Parent/Guardian Name in Full:</b>	
Address:	
Telephone (home and cell):	H: _____ C: _____
Email:	
Occupation:	
Employer:	
Business Phone:	

Check Which Applies:    Parents Together    Parents Separated    Parents Divorced  
 Solo Parent

With whom is child living?

Who is legal guardian?

Does anyone else regularly care for the child?    Yes    No

If yes, who else cares for the child? \_\_\_\_\_

When? \_\_\_\_\_

Isthmus Montessori Academy, Inc., is committed to enrolling a community that reflects the diversity of the Madison Area, including that of race, ethnicity, family structure, gender identity, sexual orientation, religion, and socio-economics. **The following information is helpful to us, but is optional. All information is kept confidential.**

Religion \_\_\_\_\_ Ethnic origin \_\_\_\_\_

Race \_\_\_\_\_ Gender identity \_\_\_\_\_

Primary language \_\_\_\_\_ Other language(s) spoken \_\_\_\_\_

Level Applying For: Academic Year: 20\_\_\_\_\_    Sept.    Jan.    Other \_\_\_\_\_

\*Program times may be subject to change

Nido Program (2 mo. to 15 mo. and very steady walkers)

Young Children's Community Program (YCC; 15 mo. and very steady walkers to 2.5 - 3 yrs):    YCC Half Day, 8:00 – 12:00    YCC Full Day, 8:00 – 3:00

- Primary (3K - 2.5 - 3 yrs.):
- 3K Half Day, 8:00 – 12:00
- 3K Full Day, 8:00 – 3:00
- Before Care (7:30-8:00 am; offered for students in YCC, 3K Programs, and for IMAP students)
- After Care (offered for students in YCC, 3K Programs, and for IMAP students)
- After Care, 3:00-4:15
- After Care, 3:00-5:30

How did you hear about IMA?

- Word of Mouth Referral From \_\_\_\_\_  
(NAME)
- Internet Search \_\_\_\_\_  Brochure/Flyer  
(WEBSITE)
- Print \_\_\_\_\_  Other (please indicate) \_\_\_\_\_  
(PUBLICATION)

Other school(s) attended by child:

Name	Address	Program or Grade(s) / Date(s)
_____	_____	_____
_____	_____	_____

Please list other schools to which you are applying for admission:

\_\_\_\_\_

\_\_\_\_\_

Does the child have siblings? Yes No

If yes, what are their names and ages?

\_\_\_\_\_

\_\_\_\_\_

Please answer the following questions. Feel free to attach a separate piece 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 IMA. What goals do you have for your child at school?

What are your child's strengths and unique characteristics?

Have you had any previous experience with Montessori education?  Yes  No

If yes, where or how? \_\_\_\_\_

What specific aspect(s) of Montessori education appeal to you?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Freedom of movement       | <input type="checkbox"/> Multi-age classrooms | <input type="checkbox"/> Customized lesson plan for each student |
| <input type="checkbox"/> Uninterrupted work period | <input type="checkbox"/> Education for peace  | <input type="checkbox"/> Prepared environment                    |
| <input type="checkbox"/> Rigorous teacher training | <input type="checkbox"/> Montessori materials | <input type="checkbox"/> Other _____                             |

What are some of the most important values in your family?

What are your child's and family's special interests and extracurricular activities?

**\*Submission of a completed Application for Admission to IMA does not secure or guarantee a place for your child.**

Date \_\_\_\_\_ Parent/Guardian Signature\_\_\_\_\_

**All information on this application is kept confidential. Please send this application, along with a non-refundable check for \$50.00 made out to *Isthmus Montessori Academy*, to the following address:**

**Isthmus Montessori Academy  
1802 Pankratz Street  
Madison, WI 53704**