



## Pre-School Application

### Before Applying:

1. Visit our website, click Academy > Enrollment > Enrollment Process
2. Watch the Informational Video and the Curriculum Virtual Tour
3. After viewing both videos, please click sign-up and attend an in-person tour

### Submitting an Application:

1. A non-refundable \$25 application fee\* is required with every application.
2. Applications received without the required \$25 fee will not be accepted, nor considered for enrollment.  
**\*Only checks or money orders are accepted as payment for the non-refundable \$25 application fee. Other forms of payment such as credit cards, cash, or online payments will not be accepted.**
3. Submit your application and your application fee by:
  - a. taking it the Main Office between the hours of 8:00 AM - 4:00 PM
  - b. placing it in the locked box outside the Main Office door
  - c. mailing both items to:

**Sterling Montessori Academy and Charter School**  
ATTN: ENROLLMENT  
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.

### After Submitting an Application:

- The application will be dated and time stamped upon receipt.
- A confirmation email will be sent when we receive your application is processed.
- Applications are placed in a waiting pool and selected by consideration of the following: siblings of current students priority, children of staff priority, or children of Board Members priority, previous family enrollment, Montessori experience, and needs of the classroom.
- When a seat is available, you will be contacted the Enrollment and Admissions Office.
- Please email any enrollment questions to: [enrollment@sterlingmontessori.org](mailto:enrollment@sterlingmontessori.org).



Application Received: \_\_\_\_\_  
Priority: \_\_\_ App. Fee Rec'd: Yes \_\_\_ No \_\_\_ Check# \_\_\_  
Program placement \_\_\_ Prek-3 \_\_\_ Prek-4

## Sterling Montessori Preschool Enrollment Information 2024-25

202 Treybrooke Drive, Morrisville, NC 27560 Phone 919-462-8889 Email: [enrollment@sterlingmontessori.org](mailto:enrollment@sterlingmontessori.org)

**CHILD INFORMATION:** Full Name:

\_\_\_\_\_ Last First Middle

Date of Birth: \_\_\_\_\_ Age on August 31, 2024 \_\_\_\_\_ Gender: Male Female

**Child's Physical Address:** Child lives with (check one) Mother \_\_\_ Father \_\_\_ Both Parents \_\_\_ Other

\_\_\_\_\_ Street City Zip Code

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

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address (if different from child) \_\_\_\_\_ County: \_\_\_\_\_  
Street, City, Zip Code

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address (if different from child) \_\_\_\_\_ County: \_\_\_\_\_  
Street, City, Zip Code

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Does this student have siblings at Sterling: \_\_\_ Yes \_\_\_ No

Names/grades of siblings at Sterling: 1. \_\_\_\_\_ 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 \_\_\_\_\_

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

**Please check the appropriate line for ethnicity and race (as required by the US Government):**

Ethnicity: \_\_\_ Hispanic/Latino \_\_\_ Non-Hispanic

Race: \_\_\_ African-American \_\_\_ American Indian or Alaskan Native \_\_\_ Asian \_\_\_ White



**Does the student currently have an Individual Education Plan (IEP)?** \_\_\_ Yes \_\_\_ No

*If yes, a copy of the IEP should be submitted to the school.*

**Does the student currently have a 504 Plan?** \_\_\_ Yes \_\_\_ No

*If yes, a copy of the 504 Plan should be submitted to the school.*

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

Emergency Contact #1: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_ Can pick up the student: \_\_\_ Yes \_\_\_ No

Emergency Contact #2: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_ Can pick up the student: \_\_\_ Yes \_\_\_ No

Emergency Contact #3: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_ Can pick up the student: \_\_\_ Yes \_\_\_ No

**Medical Information:** Does the student have a chronic illness?

\_\_\_ Diabetes, Medication(s): \_\_\_\_\_ \_\_\_ Asthma, Medication(s): \_\_\_\_\_

\_\_\_ Seizure Disorder, Medication(s): \_\_\_\_\_ \_\_\_ Other, Medication(s): \_\_\_\_\_

**Does the student have an allergy which requires medication to be administered:** \_\_\_ Yes \_\_\_ No

If yes, please list allergy and related medication: \_\_\_\_\_

**Has the student incurred any head injury/concussion during the past 12 months?** \_\_\_ Yes \_\_\_ No

If yes, please list the date: \_\_\_\_\_

**Does the student have food restrictions?** \_\_\_ Yes \_\_\_ No

If yes, please list: \_\_\_\_\_

**Please list fears or unique characteristics of the student:** \_\_\_\_\_

\_\_\_ **A Medical Action Plan is attached to this information sheet.** (This is required when medication or specific health services are needed.)

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Student's Physician/Practice: \_\_\_\_\_

*I authorize Sterling Montessori to obtain medical attention for my child in an emergency.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUIRED HOSPITAL PREFERENCE-(Not a doctor's office/urgent care):** \_\_\_\_\_

Sterling Montessori Academy agrees to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by a responsible adult. Sterling Montessori 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 \_\_\_\_\_

# Children's House Parent Input Form



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**Please provide the following information as accurately as possible to help us get to know your child.**

## INDEPENDENCE

Independence is a matter of extreme importance to the child and all efforts of growth are put forth to acquire this. In order to grow and develop, the child must be able to function by himself. This will set a pattern for good work habits, a sense of responsibility and will help children learn, think and discover for themselves. We as teachers and parents can support the effort of independence by giving children the practical life skills, so as to further a child's independence and never forget that doing more for the child than they need can hinder their growth towards independence.

1. Is your child out of diapers/pull-ups completely during the day? Yes      Not Yet
2. Is your 3 or 4 year old independent in the bathroom?  
(i.e., able to go on their own, pull down/up clothing, learning to wipe?) Yes      Not Yet  
If you checked not yet, what assistance do you provide?
3. If your child is not yet independent in the toileting process, are you  
interested in discussing the signs of readiness? Yes      No
4. Does your child attempt to dress themselves? Yes      Not Yet
5. Does your child feed him/herself? Yes      Not Yet
6. Describe your child's eating habits (any special dietary needs, picky eater, avoids certain textures, etc.).
7. Does your child play on their own without constant adult interaction? Yes      Not Yet  
If you answered NO, what strategies do you use to help your child play independently?
8. What time do you begin your child's bedtime routine? \_\_\_\_\_
9. What are your child's sleeping habits?
 

Falls Asleep Easily	Difficulty Waking
Falls Asleep with Difficulty	Difficulty Sleeping through the Night

10. Does your child nap? Yes No

If you answered yes, what time do they go down for their nap? For how long do they sleep?

11. Does your child fall asleep on their own? Yes Not Yet

12. Does your child have a soothing object that helps them fall asleep? Yes No

If yes, what is the object? \_\_\_\_\_

**LANGUAGE**

We trust that given the right environment, the right support structure, your child is inherently capable of developing a strong, logical, ordered, and gracious voice. So much of the work we do in this area occurs naturally through human relationship.

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 primary language? \_\_\_\_\_

15. If English is NOT your child’s primary language, do they understand English?

Not at all                      Some words                      Understands very well

16. Does your child speak English using short phrases or complete sentences? Yes Not Yet

If you answered not yet, is your child able to speak in his/her native Language using short phrases or complete sentences? Yes Not Yet

17. Are you concerned with your child’s speech development? Yes No

If you answered yes, what are your concerns? \_\_\_\_\_

18. Does your child ask for help when needed? Yes Not Yet

**EMOTIONAL/BEHAVIORAL**

Emotional factors, such as the child’s close relationship with the adults who care for them help form the child’s personality. By age three, children response with gratitude, trust, and respect for those who are willing to help them orient themselves in the world. They evolve a sense of worth, security and a means for emotional expression, along with autonomy and independence.

19. Will your child typically listen to and follow an adult’s directions? Yes Not Yet

If you answered NO, how do you support your child in this area? What strategies do you use to help your child listen and follow directions?

20. How does your child respond when feeling frustrated?

21. What is the best way to soothe your child they become frustrated?

22. How does your child approach new experiences/situations?

Easily

Cautiously

Anxiously

23. Does your child have any fears?

Yes

No

If your child is fearful of animals, please which ones here: \_\_\_\_\_

24. How does your child handle separating from 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*)

Yes

No

Unsure

**MEDICAL**

It is important for you to share with us any allergies or health concerns your child may have in addition to any medications they may be taking.

26. Does your child have any allergies (food, pet hair, ants, bees, etc.)?

Yes

No

If you answered yes, please list:

27. Has your child ever had any formal evaluations aside from regular pediatrician visits (i.e., speech, hearing, vision, occupational therapy, cognitive evaluations)?

Yes

No

If you answered yes, please explain:

**A LITTLE MORE**

28. Has your child attended any child care/school/Montessori program settings?                      Yes                      No

If you answered yes, please list the names of the schools attended and their location:

When at your child's previous child care setting, how did the teacher describe your child's experience while at school?

What were some of your child's favorite works at school?

29. Are you considering Before Care (8:00-8:30 AM) of After Care (3:30-6:00 PM) for your child?

Before Care (8:00-8:30 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.

30. Now that you have chosen Sterling Montessori as your school of choice for your child's education, please share with us your vision for your child's experience in a Montessori classroom.

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