

Girasoles MASSACHUSETTS Montessori Parent Child Program

Child's Application Form 2021

Child Information

Name of Child	Birth Date
Age at Admission	Date of Admission
Home Address	
City, State, Zip	
Home Phone Number	Primary Language
Primary Language	
Does your child have special needs? □ Yes □ No	
If yes, describe the needs:	
	ld?
Anything around child development you would like us to add interests you)?	lress (a concern, a topic you'd like help with, just a general topic that
Where did you hear about Girasoles program?	
Additional Information	
Child's Physician:	
	Phone Number:
Allergies/Special Diets?	



Parent/Guardian Information

Parent/Guardian Name(1)
Relationship to Child:
Home Address:
Primary Phone Number:
Primary Email Address:
Please list all ethnicities that best describe you: (ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Spanish, White)
Education Level Health Insurance (check box) \(\square\) Yes \(\square\) No (ex: High School, GED, Associates, etc.)
Home Language: Is a translator needed? □ Yes □ No
Do your currently work? □ Yes □ No Are you currently a student? □ Yes □ No
Where are you a student?
Do you live in public or subsidized housing? □ Yes □ No
What is the number of dependents/ family members?
Anything you would like us to know about your cultural beliefs and practices?
Household Assistance Received by A Member of Your Household: (check all the boxes that apply)
□ SNAP □ WIC □TAFDC □FUEL □SSI □SSDI
Is your family receiving any other support services?
□ Early Intervention □ DCF □ Other:
Income Level: □ Under \$20,000 □ \$20,000-\$59,999 □ \$60,000-\$99,999 □ Over \$100,000
What is your family structure? □ Married □ Divorced □ Widowed □ Separated □ Unmarried Partners



rarent/Guardian Name (2- 11 applicable)
Relationship to Child:
Home Address:
Primary Phone Number:
Primary Email Address:
Please list all ethnicities that best describe you:
(ex. African, American, Bangladesin, Black, Chinese, Dominican, Ednoplan, French, Frispanic, Fashtu, Spanish, White)
Education Level Health Insurance (check box) (ex: High School, GED, Associates, etc.)
Home Language: Is a translator needed? □ Yes □ No
Do your currently work? □ Yes □ No Are you currently a student? □ Yes □ No
Where are you a student?
Do you live in public or subsidized housing? □ Yes □ No
What is your family structure? □ Married □ Single □ Divorced □ Widowed □ Separated □ Unmarried Partners
What is the number of dependents/ family members??
Anything you would like us to know about your cultural beliefs and practices?
Girasoles Massachusetts offers an enrichment program for parents/ caregivers and children of age (12-24 months) during 6 saturday sessions. The program has a capacity to serve 5 families with free of charge (10 dls registration fee that will be returned to families that join all classes).
Legal Guardian Signatures:
Guardian Date
Guardian 2 (if applicable) Date
DATE RECEIVED BY GIRASOLES:GIRASOLES Director Signature

Please return application by email <u>info@girasolesmontessori.org</u>. After Girasoles receives application by email, parents/caregivers will be invited to schedule a conversation in person or by phone with a Montessori Teacher.

Girasoles Massachusetts is a Montessori Parent Child Program nested in Violeta Montessori School, Inc does not discriminate by race, color, national or ethnic origin, religion or gender. Furthermore, Violeta Montessori School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.