



SAINT MARK MONTESSORI PRESCHOOL

1011 Eastwood Road
Wilmington, North Carolina 28403
(910) 398-6517

Dear Parents,

Thank you for your interest in St Mark Montessori Preschool. Registration for returning students will be in January, and registration for new students will be in February. In the event that we have more applications than we have spots available, there will be a lottery with the first openings being available to children of registered, active and/or contributing parishioners of St. Mark. A detailed list of the levels of admission, as well as applications to the preschool, may be picked up outside my office throughout the coming months. All students will be notified of their enrollment the first week in March.

All students must be potty trained and 3 by August 31st. Your child should also be able to communicate basic need to the teacher (hungry, hurt, need to use the bathroom). All students who are admitted will have a six-week period over which we will assess our ability to meet your child's learning needs. If we determine after this period that the Montessori program may not be the best fit for your child, we will work with you to find another learning alternative and will make any communication needed with other schools to help the transition occur. Our primary purpose is to find the best learning environment possible for your family. We look forward to working with you and your child.

Sincerely,
Cindy Antonelli
Director~SMMP

St. Mark Montessori Preschool Application
School Year Being Applied For _____

CHILD'S NAME _____ BIRTHDATE _____

NAME OR NICKNAME TEACHER SHOULD USE FOR CHILD _____

HOME PHONE _____ CELL _____ M/F _____ RACE _____

ADDRESS _____ ZIP _____

PARISHIONER YES ___ NO ___
IF NO, PLEASE LIST CHURCH AFFILIATION _____

FATHER'S NAME _____ OCCUPATION _____

FIRM OR AGENCY _____ TELEPHONE _____

MOTHER'S NAME _____ OCCUPATION _____

FIRM OR AGENCY _____ TELEPHONE _____

NOTE ANYTHING ABOUT YOUR CHILD THAT THE TEACHER SHOULD BE AWARE OF AND CONSIDER: (allergies, physical or other handicap, fears, major changes occurring, etc.)

PLEASE LIST SIBLINGS;

Name

Birthday

1) _____

2) _____

3) _____

4) _____

5) _____