

# Turning Point Montessori

## INTAKE FORM

Previously Attended a School \_\_Y\_\_N  
Past Exclusions from School \_\_Y\_\_N  
Phone Call \_\_ In Person \_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(First) (Last) (Nickname)

Male: \_\_\_\_ Female: \_\_\_\_ Date of Birth: \_\_\_\_\_

Names of Parents/Guardians: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Primary phone #: \_\_\_\_\_

Secondary phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Top Priorities in Your Child's School: #1 \_\_\_\_\_

#2 \_\_\_\_\_ #3 \_\_\_\_\_

Siblings who will also attend TPM: \_\_\_\_\_

Any Other Information About Your Child for TPM: \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_

### Please Check Desired Programs:

- ☐ INFANT ☐ TODDLER: 7:00AM – 6:00PM  
☐ PRESCHOOL ☐ T-K ☐ KINDERGARTEN  
☐ PRESCHOOL HALF DAY: 7:00AM – 1:00PM  
☐ PRESCHOOL REGULAR HOURS: 7:00AM – 6:00PM  
☐ AM EXTENDED CARE: 7:00AM – 8:30AM  
☐ PM EXTENDED CARE: 3:00PM – 6:00PM

This is an initial application that provides introductory information. No obligation is inferred nor is final enrollment assured.

Administration filling out this form: \_\_\_\_\_

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

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

Please call for a personal tour and bring the application with you. Preschool Office: (818) 347-2144.