



2025 SUMMER PRE-PRIMARY APPLICATION

Child's Name: _____ My child prefers to be called: _____

Birthdate: _____ Gender: _____ Male _____ Female

Home Address: _____

City, State, Zip: _____

What month will your child start at CMS? _____ Child's T-shirt Size: _____

Name of Child's Previous School/Daycare: _____

Public School District of Residence: _____ Public School Assigned Building: _____

Does your child have an IEP/504 Plan? _____ Yes _____ No If yes, please provide CMS with a current copy at registration.

New Families Only: How would a Canton Montessori School education benefit your child?

Status of Parents: _____ Married _____ Partners _____ Single _____ Divorced _____ Widowed

Do custody documents exist for my child: _____ Yes _____ No If yes, please provide CMS with a current copy at registration.

Student resides with: _____

Parent One Name: _____ Relationship to Student: _____

Home Address: _____ City, State, Zip: _____

Email Address (Required): _____ Preferred Phone: _____

Employer Name: _____ Position: _____

Parent Two Name: _____ Relationship to Student: _____

Home Address: _____ City, State, Zip: _____

Email Address (Required): _____ Preferred Phone: _____

Employer Name: _____ Position: _____

Parent Three Name: _____ Relationship to Student: _____

Home Address: _____ City, State, Zip: _____

Email Address (Required): _____ Preferred Phone: _____

Employer Name: _____ Position: _____

What is the best phone number to call if we need to contact you? _____

