APPLETREE SCHOOL

44 Two Lights Road
Cape Elizabeth, ME 04107
207-799-4225
appletreeschoolcapeelizabeth@gmail.com

Application for Admission

Please send a non-refundable application fee of $100.00 with this form.

Anticipated Start Date_____
Today's Date: _____ Child's full name_____
Birthdate _____ /_____ /_____
Age Sept.1st of anticipated enrollment year ____ yrs. ____ mos.
(We enroll children who are 3 years old as of September 1st of the school year.)

Child's requested schedule: ___3 days ___4 days ___5 days Schedule Preference:

Monday	Tuesday	Wednesday	Thursday	Friday

Contact Information: (Please print)
Parent or guardian (1) full name:_____
E-mail Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone:_____
Mailing Address: _____
Work/Place of Business: _____
Parent or guardian (2) full name:_____
E-mail Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone:_____
Mailing Address:_____
Work/Place of Business:_____
Babysitter/nanny/other-name:_____Cell Phone: _____
Additional information/comments:_____

Parents have unique perspectives and valuable insights regarding their children. Describe the educational environment in which you believe your child would thrive:_____
_____
_____
_____
_____
_____

How did you learn about Appletree School? _____

Child's name _____

We would like to know what interests you about Appletree School and why you think Appletree School would be a good match for your child and family.

Describe what you hope your child will gain from their school experience:_____
_____

_____

_____

Please describe your child in terms of their interests, temperament and personality traits, hobbies, likes, dislikes, favorite activities, etc.:_____
_____

_____

_____

List siblings and ages:_____

_____

Please list previous school(s) attended and teacher or director to be contacted for your records:
Name:_____Phone:_____
Address:_____

If you are transferring your child from another school you may also wish to include your reasons for doing so here:_____

Please share any allergies, health concerns, learning challenges along with any academic and/or social/psychological evaluations that your child has experienced that we may need to help address. You may attach a separate sheet if necessary:

_____

_____

Please tell us anything else about your child that you feel would be important for us to know.

_____

_____

_____

_____

_____

Please complete all pages of this form and email or send the completed application with the required $100.00 non-refundable application fee to the address listed above, or request a Brightwheel digital payment link.
Thank you.