



Oakland Community Montessori School

at FBE Schools

We are so delighted that you have chosen to apply to Oakland Community Montessori School at FBE Schools. In order to better serve you and your child, we need all information to be filled in completely. Please complete one (1) application per child. Should you have any questions, please email OCMS@foundationforblackexcellence.org

YOUR CHILD'S INFORMATION

First Name

Middle Name

Last Name

Date of Birth

Gender

Male

Female

Other:

Home Address

Street

City

State

Zip

Has your child ever been enrolled in a daycare, school, or other regularly occurring program in which they were away from you for extended periods of time (4+ hours)?

Yes

No

Has your child ever attended a Montessori Program?

Yes

No

Please respond to the following statements regarding your child:

My child drinks from a bottle

ALWAYS

SOMETIMES

NEVER

My child drinks from a cup

ALWAYS

SOMETIMES

NEVER

My child eats solid foods

ALWAYS

SOMETIMES

NEVER

My child initiates going to the bathroom on their own

ALWAYS

SOMETIMES

NEVER

When are you planning to enroll your child?

For which schedule do you plan to enroll your child? (choose one)

OCMS offers several meals to our students. Do you plan for your child to eat the provided meals?

Yes

No

Are you seeking any subsidies (local, state, and/or federal)?

Yes

No

Which language is spoken at home the most?

Does your child speak any other languages or respond to any other languages? Name all.

PRIMARY CAREGIVER INFORMATION

This person is a parent / guardian, will be the first point of contact, and has permission to pick up the child.

First Name	Middle Initial	Last Name			
Primary Phone Number (xxx) xxx -xxxx			Additional Phone Number (xxx) xxx - xxxx		
Mobile	Home	Work	Mobile	Home	Work
Home Address (if same as child, you may input "same")					
Street	City			State	Zip Code
Email Address					

ADDITIONAL CAREGIVER INFORMATION

This person will be the second point of contact. To grant permission for pickup, be sure to check the appropriate box.

First Name	Middle Initial	Last Name			
Primary Phone Number (xxx) xxx -xxxx			Additional Phone Number (xxx) xxx - xxxx		
Mobile	Home	Work	Mobile	Home	Work
Home Address (if same as child, you may input "same")					
Street	City			State	Zip Code
Email Address	Permission to Pick Up?		Yes	No	

ADDITIONAL QUESTIONS

Primary Parent - please answer the following questions from your perspective so we can get to know you and your family a bit better.

1. **How did you first hear about Oakland Community Montessori School at FBE Schools (OCMS)? (If you were referred by a person, please include their name here.)**

2. **What initially interested you about OCMS?**

3. Help us get to know your child a bit better. Please provide three (3) adjectives to describe your child.

4. Please share anything else you would like us to know about your family.

Submission:

By pressing the "Submit Form" button below, I verify that I have completed all information to the best of my knowledge. I further attest that I am the primary caregiver responsible for the above named child and have the authority to enroll the above named child in a child care program.