

# Children's House Montessori School

## Application for Admission

Child's name \_\_\_\_\_ sex \_\_\_\_\_

Date of birth \_\_\_\_\_ place of birth \_\_\_\_\_

Correspondence should be addressed to: \_\_\_\_\_

Address \_\_\_\_\_ zip \_\_\_\_\_

Home telephone \_\_\_\_\_ cell phone \_\_\_\_\_ email \_\_\_\_\_

Application for:

- First Class:** (pre-three's) half-day, AM (9:00-12:00)
- First Class:** (pre-three's) full-day, (9:00-3:00)
- Three days:** (M, T, and W)
- Five days:** (M-F)
- Children's House:** (primary, ages 3-6) half-day, AM (9:00-12:30)
- Children's House:** (primary, ages 3-6) full-day, (9:00-3:00)
- Kindergarten enrichment:** five full-days, (9:00-3:00)
- Extended care:** before or after school care (indicate approximate hours needed daily)  
Before (# of hours) \_\_\_\_\_ after (# of hours) \_\_\_\_\_ before *and* after (# of hours) \_\_\_\_\_

\*I.C.E.- In Case of Emergency, THE FIRST number to call is \_\_\_\_\_

The email address is \_\_\_\_\_

Father/Guardian's name \_\_\_\_\_

Business address \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian's name \_\_\_\_\_

Business address \_\_\_\_\_ Phone \_\_\_\_\_

Name and phone # of emergency contacts (other than parents or guardians)

1 \_\_\_\_\_

2 \_\_\_\_\_

School(s) previously attended, giving length of time at each: \_\_\_\_\_

Briefly state your reason(s) for choosing a Montessori education for your child \_\_\_\_\_

How did you learn about Children's House? \_\_\_\_\_

This is a: Renewal application\_\_\_\_(\$30.00) New application\_\_\_\_(\$50.00) (one application fee per family)

I understand that the non-refundable application fee is required with this form and that the school's receipt of this application does not constitute enrollment for my child. I have been informed that registration is finalized by receipt of a signed tuition agreement accompanied by a \$500.00 non-refundable deposit. It is understood that children are enrolled for the full academic year. Tuition payments are due the first of each month according to the tuition agreement schedule. Children's House reserves the right to withdraw any program for which there is insufficient enrollment.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

# Information and Development

Marital status of parent(s)/guardians:

married \_ single \_ separated \_ divorced \_ widowed \_ co-parenting \_ domestic partnership \_

Is your child adopted? \_\_\_\_ If so, is your child aware of this? \_\_\_\_\_

Number of siblings \_\_\_\_ names and ages of each sibling \_\_\_\_\_ Describe your child's sleep patterns \_\_\_\_\_

Does your child usually nap? \_\_\_\_ If yes, how long? \_\_\_\_\_

Describe your child's eating habits \_\_\_\_\_

Is your child completely toilet trained (able to attend to his/her own toileting needs)? \_\_\_\_ If yes, at what age? \_\_

Does your child have any physical disabilities or limitations? \_\_\_\_ If yes, please describe \_\_\_\_\_

Does your child have emotional, behavioral, language, communication or social challenges that you are aware of? If yes, please describe \_\_\_\_\_

Does your child have any allergies? \_\_\_\_ If yes, please list specifically: \_\_\_\_\_

Is either parent away from home for long periods of time? \_\_\_\_\_

Is your child cared for by anyone other than parents? \_\_\_\_\_

Describe your child's language facility \_\_\_\_\_

Can your child understand directions? \_\_\_\_ Does he/she follow these directions? ☺ \_\_\_\_\_

What language(s) is spoken in the home? \_\_\_\_\_

What kinds of activities hold your child's interest for the longest time? \_\_\_\_\_

Does your child exhibit a desire for independence? \_\_\_\_ How is this encouraged? \_\_\_\_\_

What are your goals for your child in Montessori education? \_\_\_\_\_

What three words best describe your child? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_!

Welcome to Children's House Montessori  
School!