



Children's House Montessori School

Application for Admission

Children's House Montessori School accepts students of any race, religion, nationality, or ethnic origin.

A \$50 non-refundable Application Fee must accompany this application. Today's date _____

Student's full name—first middle last

Nickname

Home address

Home phone

City

State

Zip code

Sex

Birth date (mm/dd/yy)

Date to enter (mm/dd/yy)

Program desired: Part-Day Preschool School-Day Preschool Full-Day Preschool

School Day Pre-kindergarten or Kindergarten Full Day Pre-kindergarten or Kindergarten

Mother/Guardian

Home address (if different from above)

Place of work

Phone

Cell

Email

Business Hours

Father/Guardian

Home address (if different from above)

Place of work

Phone

Cell

Email

Business Hours

Person(s) or Agency having legal custody of child

Home Address

Home Phone

Business Address

Business Hours

Business Phone

Child's general health/chronic diseases

Toilet trained?

Known allergies

Long-term medications

Siblings and ages

Why did you choose Children's House Montessori School? _____

What are your educational goals for your child? _____

How would you describe your child's personality and learning style? _____

What are your child's special interests or talents? _____

What do you see as your child's greatest strengths? _____

How do you discipline your child? _____

Please tell us about any special educational, physical, or emotional needs of your child. _____

Please add any information you feel will be helpful to us in working with your child or your family. _____

Name of previous school, if any	Years attended	May we contact the school for additional information?
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Name of school/after school care your child will attend concurrently with Children's House

Mother/Guardian's Signature	Father/Guardian's Signature
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FOR OFFICE USE ONLY:

Date received _____ Fee paid _____ Method of payment _____