



Enrollment Application

Please include \$50 per family non-refundable application fee to reserve a position in the class or on the waiting list.

circle one } Half Day Full Day Extended Day

Today's Date: _____

Name of Child: _____

Date of Birth: _____ Present Age: _____ Gender: _____

Parent/Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Phone Numbers Home: _____

Work: _____ Cell: _____

E-mail Address: _____

Parent/Guardian: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code _____

Phone Numbers Home: _____

Work: _____ Cell: _____

E-mail Address: _____

Siblings' Names: _____

Ages: _____

School(s): _____

Child's Previous Experience:

Preschool _____ Day Care _____

Play Group _____ Sunday School _____

Other _____

Is the child dependent or independent for his/her age? _____

Does he/she play well with other children? _____

Is the child toilet trained? partially completely

Does the child nap? daily rarely never

Have you noticed any special interests shown by your child? _____

Do you have any particular problems with this child? (fears, etc.) _____

If you have any specific goals for your child this school year, please indicate them:

How did you learn about our school?

Why are you considering Montessori Children's House for your child?

*Signature of Parent or Guardian

Date