



## Enrollment Application

Please include \$100 per Child non-refundable application fee to reserve a position in the class or on the waiting list.

Today's Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

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 \_\_\_\_\_ 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?

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

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

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Do you have any dietary or medical needs for this child?

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How did you learn about our school? \_\_\_\_\_

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

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\*Signature of Parent or Guardian \_\_\_\_\_