



Children's House Montessori School

**APPLICATION
FOR ENROLLMENT**
20__ - 20__
School Year

FOR OFFICE USE

Application Received _____
Parent Observes _____
Parent/Child Visit _____
Parent/Admin Interview _____
Other _____

Child's Full Name _____ Name Used _____
Date of Birth ___/___/___ Sex _____ Sibling's Names and Ages _____

Mother's Name _____
Mailing Address _____
Email _____ Contact Number _____

Father's Name _____
Mailing Address _____
Email _____ Contact Number _____

What kind of care has your child received outside your home? (Day care, play groups, with grandparents, etc.) _____

How do you hope your child will benefit from a Montessori environment?

Will you be able to volunteer at least 5 hours of your time, per year? NO YES
 In the classroom Projects at home