



montessori children's house

APPLICATION

Application for school year:

Please mail this application to Montessori Children's House along with an application fee of \$40.

FOR OFFICE USE ONLY

Sibling Re-application Application Fee Paid

P1 P2 P2½ P3 E1 E2 E3 E4 E5 E6

Date of tour:

Date application received:

Date of visit:

Please place a photo of your child here.

Name of Applicant

Date of Birth

Name of Parent/Guardian

Name of Parent/Guardian

Primary Address

City / State & Zip

Telephone Number

Parent's Profession

Parent's Profession

Parent's E-mail

Parent's E-mail

What does your child like to do?

How would you describe your child's personality?

What types of activities do you do together as a family?

Does your child have any siblings? If so, what are their ages and what schools do they attend?



montessori children's house

APPLICATION

Is your child in a school or an organized playgroup now? If yes, please list the school below. If not, what experiences has s/he had with other children?

CURRENT SCHOOL	
Name	Address
Telephone	Dates Attended
Previous Schools Attended	

Has your child ever been evaluated or provided special considerations for learning or behavioral issues?

No Yes If yes, please explain:

How did you first learn about Montessori Children's House?

How long do you expect your child to attend Montessori Children's House?

Is there anything else you think we should know about your child?

Parent's Signature	Date
Parent's Signature	Date

Montessori Children's House does not discriminate on the basis of color, sex, race, religion, national origin, or ability.

518 Lloyd Avenue • Providence, Rhode Island 02906 • Phone: (401) 331-6120 • Fax: (401) 331-0437