



CHMS Application Form

Please fill out the application form completely

Applicant's Name: _____ Gender: Boy Girl
 Home Address: _____
 Date of Birth: _____ Neighborhood Civic Association: _____

Father's Name: _____
 Home Email: _____ Cell Phone: _____ Work Phone: _____
 Name & Address of Employer: _____
 Occupation/Position: _____ Work Email: _____

Mother's Name: _____
 Home Email: _____ Cell Phone: _____ Work Phone: _____
 Name & Address of Employer: _____
 Occupation/Position: _____ Work Email: _____

Address if different than child: _____

Has your child had the gift of any therapy (speech, O.T., etc..) No Yes

Please describe: _____

List any allergies your child may have: _____

Names and ages of siblings: _____

How did you hear about Children's House Montessori School?

Social Media Google Friend/Colleague _____ Other _____

CHOOSE ONE: Private Tour (parent only). No application fee required.
 Private Tour w/Playdate (parent and child). \$70 non-refundable application fee required.

PAY NOW

NOTE: Filling out this form does not constitute acceptance into CHMS. Registration and Fee apply only to the school year for which you have applied.

Indicate the program in which you would like to enroll your child and the preferred date of entrance.	
<p>Toddler 24-33 months</p> <p>8:15 a.m. – 11:15 a.m. 8:15 a.m. – 3:00 p.m. 8:15 a.m. – EP (Enrichment Program)</p> <p>Preschool 3-6 years</p> <p>7:30 a.m. – 1:15 p.m. 7:30 a.m. – 3:00 p.m. 7:30 a.m. – EP (Enrichment Program)</p>	<p>Toddler:</p> <p>Fall Toddler 20 ____</p> <p>Preschool:</p> <p>Immediate Opening Summer Camp I Summer Camp II Fall 20 ____</p>

Office Use Only

Rec'd _____ Paid _____ Tour Date _____ Play Date _____
 Sibling of alum _____ Sibling of current student _____