



**Children's House Montessori School  
Application Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Neighborhood Civic Association: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Personal Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Personal Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Address if different than child: \_\_\_\_\_

If your child has received the gift of therapy (speech, O.T., etc.), please describe: \_\_\_\_\_

If your child has allergies, please describe: \_\_\_\_\_

Name(s) and age(s) of sibling(s): \_\_\_\_\_

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

Friend/Colleague: \_\_\_\_\_  Google  Social Media  Other: \_\_\_\_\_

**SUBMIT Non-Refundable \$70 Application Fee by Clicking Here**

**Toddler 24-33 months:**

8:15 a.m. – 3:45 p.m.  Preferred Start Date: \_\_\_\_\_

8:15 a.m. – 12:15 p.m.  Preferred Start Date: \_\_\_\_\_

**Preschool 3-6 years:**

8:15 a.m. – 3:45 p.m.  Preferred Start Date: \_\_\_\_\_

8:15 a.m. – 12:15 p.m.  Preferred Start Date: \_\_\_\_\_