



**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 \\$100 Application Fee by Clicking Here](#)

Toddler 24-33 months:

8:00 a.m. - 12:00 p.m. Preferred Start Date: _____

8:00 a.m. - 3:00 p.m. Preferred Start Date: _____

8:00 a.m. - 5:30 p.m. Preferred Start Date: _____

Preschool 3-6 years:

8:00 a.m. - 12:00 p.m. Preferred Start Date: _____

8:00 a.m. - 3:00 p.m. Preferred Start Date: _____

8:00 a.m. - 5:30 p.m. Preferred Start Date: _____