



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

Child's Name: _____ Date of Birth: _____ Gender: _____

Home Address: _____ Neighborhood Civic Association: _____

Parent/Guardian 1: _____ Personal Email: _____

Mobile Number: _____ Name of Employer: _____

Occupation: _____

Parent/Guardian 2: _____ Personal Email: _____

Mobile Number: _____ Name of Employer: _____

Occupation: _____

Address if different than child: _____

Has your child has received the gift of therapy (speech, O.T., etc.)? If so, please elaborate:

List name(s) and age(s) of sibling(s): _____

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

Preferred Start Date: _____

Alexandria Campus

Toddler 24-33 months:

8:00 a.m. - 12:00 p.m.

8:00 a.m. - 3:00 p.m.

8:00 a.m. - 5:30 p.m.

Preschool 3-6 years:

8:00 a.m. - 12:00 p.m.

8:00 a.m. - 3:00 p.m.

8:00 a.m. - 5:30 p.m.

Arlington Campus

Toddler 24-33 months:

8:00 a.m. - 12:00 p.m.

8:00 a.m. - 3:00 p.m.

8:00 a.m. - 5:30 p.m.

Preschool 3-6 years:

8:00 a.m. - 12:00 p.m.

8:00 a.m. - 3:00 p.m.

8:00 a.m. - 5:30 p.m.