



Children's House Montessori School

3025 Monterey Rd., Atascadero, California 93422
805.466.5068
www.childrenshouse.cc

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|-----------------------------|
| For CHMS use: |
| Program: _____ Group: _____ |
| _____ |
| Date Received: _____ |
| Follow Up Calls: _____ |
| _____ |
| _____ |
| _____ |

Application for Admission

Please complete both pages of application.

Today's Date _____

Child's Name _____ Date of Birth _____ Gender _____
first middle last

Home Address _____ Home Phone _____

City, State, Zip _____

Primary Email _____ (please give email address you check on regular basis)

Mother/Co-Parent Name _____ Cell phone _____

Employer _____ Occupation _____

Work address _____ Work phone _____

Father/Co-Parent Name _____ Cell phone _____

Employer _____ Occupation _____

Work address _____ Work phone _____

Check those which apply Married Parents separated Parents divorced Single parent Domestic partners
With whom is child living? _____

Other children in the family

| Name | Age | Gender | School & Grade |
|-------|-------|--------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Others (relative, au pair, etc.) living in child's home _____

Prior day care or school experience and dates _____

Current school or daycare _____ Current grade level _____

Why do you think Children's House Montessori School could be a good match for your child and for your family?
What draws you to Montessori philosophy? Has your family had any experience with Montessori education? _____

How were you introduced to our school? _____

Have you observed our program(s) during school hours? Yes No

School year for which you are applying Sept. 20 and/or Summer 20

OVER>

Please check the program(s) of interest below:

TODDLERS (24 - 36 MONTHS)

Please indicate a first and second choice

- 9:00-12:00-2 DAYS/WEEK (M,W) 9:00-12:00-3 DAYS/WEEK (T,Th,F) 9:00-12:00-5 DAYS/WEEK (M-F)
 9:00-3:00- 5 DAYS/WEEK (M-F) SUMMER FOR TODDLERS (BASED ON FALL OPENING)

PRIMARY (3 AND 4 YEAR OLDS)

Please indicate a first and second choice

- 9:00-12:00 5 DAYS/WEEK, M-F
 9:00-3:00 5 DAYS/WEEK, M-F

PRIMARY-KINDERGARTEN (5 YEAR OLDS)

9:00-3:00 5 DAYS/WEEK

SUMMER FOR PRIMARY (3 - 5 YEAR OLDS)

EARLY ELEMENTARY (6-9 YEAR OLDS)

9:00-3:00 5 DAYS/WEEK

SUMMER FOR ELEMENTARY (6-12 YEAR OLDS)

UPPER ELEMENTARY (9-12 YEAR OLDS)

9:00-3:00 5 DAYS/WEEK

EXTENDED CARE *may not be available for Toddler age children

BEFORE SCHOOL 8:00-9:00 5 DAYS/WEEK, M-F

AFTER SCHOOL 3:00-4:00 5 DAYS/WEEK, M-F

AFTER SCHOOL 3:00-5:30 5 DAYS/WEEK, M-F

BEFORE SCHOOL 8:00-9:00 OCCASIONALLY

AFTER SCHOOL 3:00-5:30 OCCASIONALLY

AFTER SCHOOL EXTENDED CARE-AUSD STUDENT

What is your best estimate for how long you plan to remain at Children's House? (Check all that apply)

- Toddler Program Preschool Program Kindergarten After School Extended
 Early Elementary (1st-3rd) Upper Elementary (4th-6th) Summer School Only

By signing this application, you agree that Children's House Montessori School may contact all parties listed to gather any education-related information we may need for admission.

Parent or Guardian _____ Date _____

In an effort to get to know more about your child and family, we are including the following questions. Feel free to continue your responses on a separate paper.

Are you aware of any special learning needs your child may have? _____

Does your child have any medical concerns (e.g., allergies or sensitivities to certain foods or medications, traumatic injuries or serious illnesses)? _____

Does your child adapt well to separation from you? _____

Does your child adapt well to new settings? _____

Please describe your child's personality and temperament _____

Please provide us with any additional information we should know about your child _____

Applicant's primary language _____ Other language(s) spoken _____

Ethnicity (optional) _____