



Children's House Montessori School

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

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

**Your child must be current on all immunizations, to attend
Children's House. We will check the status online through CAIR.**

Please check the program(s) of interest below:

Pre-Primary (2 and 3-year-olds)

Please indicate a first and second choice

- 9:00-12:00-5 days/week (M,F) Summer for Pre-Primary (based on fall opening)
 9:00-3:00- 5 days/week (M-F)

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)

Lower 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)

- 8:45-3:00 5 days/week

Extended Care *not available for Toddler age children

- | | |
|--|--|
| <input type="checkbox"/> Before School 8:00-9:00 5 days/week, M-F | <input type="checkbox"/> Before School 8:00-9:00 Occasionally |
| <input type="checkbox"/> After School 3:00-4:00 5 days/week, M-F | <input type="checkbox"/> After School 3:00-5:00 Occasionally |
| <input type="checkbox"/> After School 3:00-5:00 5 days/week, M-F | |

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

- Pre-Primary (2/3) Program Primary (3/4) Program Kindergarten After School Extended
 Lower 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) _____