

Arlington Montessori House, Inc.

3809 North Washington Boulevard

Arlington, VA 22201

(703) 524-2511

office@arlingtonmontessori.com

APPLICATION FOR ADMISSION

Applying for Fall 20____

I am interested in the following early care / aftercare hours for my child:

8:00-8:30 12:00-3:00 12:00-6:00 Flexible

Child's Name _____ Gender _____

Name Child Goes By _____

Home Address _____ Birthdate _____

City State Zip Code Telephone

FAMILY INFORMATION

Mother /Guardian

Father/Guardian

Name _____

Name _____

Home Address (if different from child's) _____

Home Address (if different from child's) _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

(_____) _____

(_____) _____

Home Telephone (if different from child's)

Home Telephone (if different from child's)

(_____) _____

(_____) _____

Cell Phone or Pager Number _____

Cell Phone or Pager Number _____

E-mail Address _____

E-mail Address _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Business Street Address _____

Business Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

(_____) _____

(_____) _____

Business Telephone _____

Business Telephone _____

Educational Background _____

Educational Background _____

Citizenship of what Country _____

Language spoken at home? _____

Child's Physician _____ Telephone (_____) _____

Allergies _____

Has the child any physical disability or medical history that would be useful for us to know? Yes No

Is the child on any continuous medication? Yes No _____

Is there any environmental or behavioral history that would be useful in helping to understand the development of the child? Yes No _____

List those in immediate family living at residence, and relationship _____

Other children in family _____ Birthdate _____
_____ Birthdate _____
_____ Birthdate _____
_____ Birthdate _____

Does the child have a regular babysitter or day care provider? Yes No
(_____) _____

Name _____ Telephone _____

Street Address _____ City _____ State _____ Zip _____

What hours? _____ Language spoken by this person? _____

Does the child feed him/herself? Yes No Does the child dress him/herself? Yes No
Age the child started to walk _____ Age the child started to talk _____
Is the child toilet trained? Yes No Does the child read? Yes No
Does the child write/print? Yes No Dominant Hand? Right Left
Previous school experience _____

Why do you want your child in a Montessori school? _____

Please list any hobbies, interest, special abilities, or knowledge that you might like to share with the school

Where did you learn about this school? _____

How long do you plan to reside in this area? _____

What school do you plan for him/her to attend after Arlington Montessori? _____

At what level? _____

Signature of Parent/Guardian _____ **Date** _____

The Arlington Montessori House, Inc. has a non-discriminatory policy relative to race, color, and national origin with respect to the admission of students and the employment of faculty and administrative staff.

Please return this Application Form, a picture of your child and the non-refundable Application Fee of \$100.00 to Arlington Montessori House, 3809 North Washington Boulevard, Arlington, VA 22201. The picture is for the School's internal use only and will not be returned.

FOR OFFICE USE ONLY	
Date Check Received _____	Check Number _____
Observation Date _____	Interview Date _____ Interviewed By _____
Status of Application: Offer Made _____	No Offer Made _____ Letter Sent _____
Response from Family: Withdrawal _____	Declined Offer _____ Accepted Offer _____ Other _____
Notes/Call Log: _____	

