



Admission Application

Child's full name: _____ Nickname: _____

Address: _____

Birthdate: _____ Gender: (circle) M F

Parent's Full Names:

Mother: _____ Occupation: _____

Father: _____ Occupation: _____

Telephone:

Home: _____

Mother Work: _____ Cell Phone: _____

Father Work: _____ Cell Phone: _____

email - M: _____ email - F: _____

Other Children in Family:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Child's General Health (Include Allergies): _____

Is Child Toilet Trained? _____

Does child experience separation anxiety? _____

How would you describe your child's personality and learning style: _____

What do you see as your child's greatest strengths? _____

Specify any special educational, physical or emotional needs of your child: _____

As a member of our non-profit school, what talents, resources can you share to enhance the CHOT community? _____

I hereby apply for admission of my child, to the Children's House of Old Town Montessori School and agree to abide by the rules and regulations thereof. A \$100.00 application fee is enclosed.

Signature of Parent/Guardian: _____ Date: _____

The Children's House of Old Town admits students of any economic or social class, racial and ethnic heritage, religious belief and family structure.