

The Children's Workshop Montessori School

Application Form

Child Information:

Child's Name: _____ Date of Birth: _____

Age: _____ Date of Application: _____

Child's Home Address: _____

Home Phone #: _____

Primary Language _____ Identifying Marks _____

Eye Color _____ Hair Color _____ Skin Color _____

Sex _____ Height _____ Weight _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Home Phone #: _____ Mobile Phone #: _____

Business Name: _____ Business Phone #: _____

Business Address: _____

Business Hours: _____ E-mail Address: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Home Phone #: _____ Mobile Phone #: _____

Business Name: _____ Business Phone #: _____

Business Address: _____

Business Hours: _____ E-mail Address: _____

Siblings Names, Ages and Schools

Additional Information

Child's Physician: _____

Address: _____ Phone #: _____

Allergies/Special Diets: _____

Individual Health Plan for a Child with chronic health condition? If yes, please attach. _____

Special Limitations or concerns? _____

Does your child have any special needs that we should be aware of?

Please explain.

Please tell us about your child. What words would you use to describe your child?

What do you hope to get out of this experience? Why is our school a good fit for your educational philosophy?

Parent/Guardian Signature

Date