

MONTESSORI SCHOOL OF HOLMES RUN

Mailing Address: P.O. Box 130, Fairfax Station, VA 22039

School Campus: Children's House – 3335 Annandale Road, Falls Church, VA 22042

FAX: 703-573-2807 e-mail: mshr@vamountessori.com

CHILDREN'S HOUSE APPLICATION FOR ENROLLMENT

Child's Full Name _____ Birth Date _____

Child's Nickname _____

Home Address _____
Street City State Zip

Enrolling Parent's Name _____ Phone (h) _____ Email _____

Home Address _____
(If different from Child) Street City State Zip

Occupation _____ Phone (c) _____ (w) _____

Business Address _____
Street City State Zip

Other Parent's Name _____ Phone (h) _____ Email _____

Home Address _____
(If different from Child) Street City State Zip

Occupation _____ Phone (c) _____ (w) _____

Business Address _____
Street City State Zip

Name and address of parent or guardian to whom school information should be sent (if different from child)

Name (s) _____ Street City State Zip

Your reasons for choosing our school? _____

Anticipated entrance date _____ Years your child will remain at the Children's House _____

Will your child enroll for Kindergarten at the Children's House? _____

Will you need before and after school care? _____

Will you need bus service? _____ If so, _____ morning and/or _____ afternoon

Previous Schools Attended

Preschool/Daycare _____
Name of school/daycare Contact Phone

From _____ To _____

Preschool/Daycare _____
Name of school/daycare Contact Phone

From _____ To _____

About Your Child

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Please describe your child's reaction to previous group experiences: _____

How does your child relate to: Adults _____

Children _____

Strangers _____

Is your child shy, passive, or confident in new situations? _____

Describe your child's temperament: _____

Special talents and activities your child enjoy: _____

Is your child toilet trained? _____ If not, have you started the process? _____

Anything else that you wish to share with us about your child? _____

Signature _____ Date _____

Parent/Guardian

**A NON-REFUNDABLE \$75.00 APPLICATION FEE IS DUE WITH THE RETURN OF THIS FORM.
PLEASE MAKE CHECKS PAYABLE TO MSHR-CH**