

# THE MONTESSORI SCHOOL OF HOLMES RUN

**Site:**

3335 Annandale Road  
Falls Church VA 22042  
[mshr@vamontessori.com](mailto:mshr@vamontessori.com)

**Mailing Address:**

P.O. Box 11726  
Burke VA 22009-1726  
703-573-7599

## 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 \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of school/daycare Phone

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Name of school/daycare Phone

# MONTESSORI SCHOOL OF HOLMES RUN

Mailing Address: P.O. Box 11726, Burke VA 22009-1726

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

e-mail: [mshr@vamontessori.com](mailto:mshr@vamontessori.com)

## About Your Child

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

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How does your child relate to: Adults \_\_\_\_\_

Children \_\_\_\_\_

Strangers \_\_\_\_\_

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

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Describe your child's temperament: \_\_\_\_\_

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Special talents and activities your child enjoy: \_\_\_\_\_

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

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

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

**A NON-REFUNDABLE \$100.00 APPLICATION FEE IS DUE WITH THE RETURN OF THIS FORM.**

**PLEASE MAKE CHECKS PAYABLE TO MSHR OR REQUEST A PAYPAL INVOICE\*.**

**\*transaction fee applies**