



## Application for Admission

### Family Information

Name of Prospective Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age at Enrollment: \_\_\_ years \_\_\_ months

Date of Application: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name(s) of Sibling(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

### Program Information

*Please select your schedule below. All children must attend five days a week.*

\_\_\_\_\_ Morning Program (8:15am to 12:00pm) \_\_\_\_\_ Extended Day (3:00pm to 5:00pm)

\_\_\_\_\_ Day Program (8:15am to 3:00pm)

Applicants will be accepted based on class age and gender ratio needs, with priority given to siblings and Day Program applicants. Those applicants placed on the waitlist will be notified as spots become available.

For Office Use Only:

Date received: _____	<input type="checkbox"/> Application
Date of child visit: _____	<input type="checkbox"/> Enrollment



**Student Information**

*Please tell us your child's level of independence:*

Does your child eat independently? \_\_\_\_\_

Does your child dress independently? \_\_\_\_\_

Does your child nap?    Yes    No    At what time? \_\_\_\_\_    For how long? \_\_\_\_\_

What time does your child go to sleep at night? \_\_\_\_\_    Wake up? \_\_\_\_\_

At what age did your child begin to speak? \_\_\_\_\_

Does your child speak in 2-3 word phrases and sentences?    Yes    No

Please list any languages other than English that are spoken at home:

\_\_\_\_\_

What do you see as your child's strengths (emotional, intellectual, physical, social)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you see as an area of challenge for your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's favorite games and activities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your experience with the Montessori method and why are you interested in a Montessori preschool experience for your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Is your child currently enrolled in another program? If so, where? What is their schedule?

---

---

How did you hear about The Children's House of Philadelphia?

Children's House website \_\_\_\_\_ Sign on school \_\_\_\_\_ Friends \_\_\_\_\_

Other (please specify) \_\_\_\_\_

*If parents are separated or divorced, please answer the following:*

Who is the legal guardian? \_\_\_\_\_ With whom does the child live? \_\_\_\_\_

This application may be submitted via email to [info@phillychildrenshouse.com](mailto:info@phillychildrenshouse.com) or by mail or personal drop-off to The Children's House of Philadelphia at 2611 South Broad Street, Philadelphia, PA, 19148. Please submit along with your application a non-refundable application fee of \$45. Checks may be made payable to "The Children's House of Philadelphia". Applicants will become part of a pool and notified of acceptance via email, after which a \$400 deposit is required to secure placement. This deposit will be applied to your annual tuition.