



2611 South Broad Street  
Philadelphia, PA 19148  
Telephone: 215.570.0757

**Application for Admission  
2018/2019 School Year**

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**Family Information**

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Name of prospective student: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Age in September: \_\_\_\_\_  
Sex: \_\_\_\_\_

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Name of parent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Business name and address: \_\_\_\_\_  
Business telephone: \_\_\_\_\_

Name of parent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Business name and address: \_\_\_\_\_  
Business telephone: \_\_\_\_\_

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Sibling name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Current school: \_\_\_\_\_  
Sibling name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Current school: \_\_\_\_\_  
Sibling name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current school: \_\_\_\_\_

Sibling name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current school: \_\_\_\_\_

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

Who is the legal guardian? \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Does your child currently attend a program?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If so, where? What days/hours?

\_\_\_\_\_

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## Program Information

Please select the programs you are interested in.

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### Toddler Programs: 18 months to 2 ½ years

\_\_\_\_\_ Full Day — five days a week, M-F (8:30am-3:00pm)

\_\_\_\_\_ Half Day — five days a week, M-F (8:30am-12:00pm)

### Primary Programs: 2 ½ years to 5 years

\_\_\_\_\_ Full Day — five days a week, M-F (8:30am-3:00pm)

\_\_\_\_\_ Half Day — five days a week, M-F (8:30am-12:00pm)

### Kindergarten Year: 5 years

\_\_\_\_\_ Full Day — five days a week, M-F (8:30am-3:00pm)

### Before Care and Extended Day Options:

\_\_\_\_\_ Before Care (7:30am-8:30am)

\_\_\_\_\_ Extended Day (3:00pm-6:00pm)

**Anticipated Start Date:** \_\_\_\_\_

If you require a special schedule for Before Care and Extended Day other than 5 days a week please indicate below:

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

\_\_\_\_\_ newspaper ad \_\_\_\_\_ sign on school \_\_\_\_\_ friends \_\_\_\_\_ teachers \_\_\_\_\_ internet search

\_\_\_\_\_ other (please specify)

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

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## Student Information

**Please note: All children in the Primary Program must be potty trained and toiling independently by the start of the school year.**

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

Eating: \_\_\_\_\_

Dressing: \_\_\_\_\_

Does your child nap? \_\_\_\_\_ Yes \_\_\_\_\_ No

What time does your child go to bed? \_\_\_\_\_ Wake up? \_\_\_\_\_

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

Does he/she 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 your child's areas of challenge?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite games and activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's least favorite things to do?

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Download this form and return via mail/personal drop-off to 2611 South Broad Street Philadelphia, PA 19148. Please include a nonrefundable application fee of \$45. Checks payable to **Philadelphia Preschool Connection LLC**. We will contact you to set up an interview within one week of receiving your application. Applications will become part of a pool and you will be notified if your child is eligible to attend.