



## Application for Admission

### Family Information

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

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Age at Enrollment: \_\_\_\_ years \_\_\_\_ months

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

Toddler Program (18 months - 2 years, 10 months)

Primary Program (2 years, 10 months - 5 years)

Kindergarten Year (5 years on or before September 1st; must attend 5 Full Days)

*Please select your preferred schedule below. Priority admission will be granted to full-time applicants.*

\_\_\_\_\_ Five Full Days (8:30am to 3:00pm)

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

\_\_\_\_\_ Five Half Days (8:30am to 12:00pm)

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

\_\_\_\_\_ Three Full Days (8:30am to 3:00pm)

Please note the three days your child will be in attendance: M T W Th F



## 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?

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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 mail or personal drop-off to The Children's House of Philadelphia at 2611 South Broad Street, Philadelphia, PA, 19148. Please include 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 first tuition payment.