



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

Please select your preferred schedule:

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)

_____ 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

Priority admission will be given to full time applicants.



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 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.