The Montessori School of Charlottesville Application for Admission

Child's name:	
Birth date:	Gender:
Ethnicity/Race:	
Admission date requested:	If in Toddler class, # of days:
Location requested	Friends enrolled:
Daily schedule (circle one) mo	orning only 3:00 5:30 (GA only)
	er classes traditionally move up into the Primary class(es) a cipate your child enrolling at our school for the Primary (3
Primary classes: The Primary c	lass is a 3-year cycle, culminating with the kindergarten ye
Do you anticipate your child co	mpleting the 3-year cycle?
Family information:	
Family information: Parent's names	mpleting the 3-year cycle? Zip Code:
Family information: Parent's names Mailing address	Zip Code:
Family information: Parent's names Mailing address Home/Cell phone #	
Family information: Parent's names Mailing address Home/Cell phone # Email addresses	Zip Code:
Family information: Parent's names Mailing address Home/Cell phone # Email addresses Parent's occupation	Zip Code:
Family information: Parent's names Mailing address Home/Cell phone # Email addresses Parent's occupation Employer:	Zip Code:
Family information: Parent's names Mailing address Home/Cell phone # Email addresses Parent's occupation Employer:	Zip Code: work phone:
Family information: Parent's names Mailing address Home/Cell phone # Email addresses Parent's occupation Employer: Parent's occupation Employer:	
Family information: Parent's names Mailing address Home/Cell phone # Email addresses Parent's occupation Employer: Parent's occupation Employer: Siblings (names, ages):	
Family information: Parent's names Mailing address Home/Cell phone # Email addresses Parent's occupation Employer: Parent's occupation Employer: Siblings (names, ages): Sibling's school:	

Information about	your child:
Where has child lived p	reviously?
Other schools or daycar	e:
Child's allergies, specia	l health, or dietary needs:
Does child still nap?	How longApproximate bedtime
Where does child sleep	? (Bed, crib, own room)
Status of toilet training	
Eating patterns	
Child's special interests	, preferred activities, favorite games or songs:
Activities child enjoys v	with parents:
	does your child have on a daily basis?
What programs/	activities?
What do you hope for y	our child to gain from a Montessori experience?
Do you onticinate assess	otion anniety in your shild during the first days of110
Do you anticipate separ	ation anxiety in your child during the first days of school?
What personal talents of	r skills would you like to contribute to the school?
what personal talents of	skins would you like to contitione to the school?
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Date	_Signature of parent(s)

The Montessori School of Charlottesville Application for Admission Part Two

We ask that both parents (when possible) write narratives to share information about your child's personality. Please give us any information that will help us understand your child so that we have a better chance of meeting their needs. Feel free to comment on any of the following that seem significant: birth experience and infancy, sibling relationships, parental absence, major events in family life (past or anticipated), ability to express feelings, fears, anger, tantrums, strengths, and disabilities.