



Enrollment Procedure

Please mail this application form and the \$40 application fee to:

Montessori School of Charlottesville
631 Cutler Lane
Charlottesville, VA 22901

WE DO NOT GET MAIL AT OUR GORDON AVENUE ADDRESS!

Applications are taken beginning in October each year. If you want your child to be considered for any openings during the current school year, please send in the application as soon as possible and make a note that you would like an earlier start date.

We start responding to Toddler applications for the next Fall session as soon as possible (usually by early December). For Primary applications we respond after our re-enrollment of current families is complete in early January. When we complete that process, we are able to offer spaces to new families.

Once the initial enrollment is done we are able to respond to applications on a rolling basis when they are submitted.

Please double check and make sure that your application is complete and that you have included the application fee. It is especially important that the application have your complete mailing address (including zipcode).

If you have any questions, please call Lindsey at 295-0029.

The Montessori School of Charlottesville

Application for Admission

We ask that you visit the school if possible to observe and get your questions answered prior to submitting an application. Date of your visit _____

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) morning only 3:00 5:30 (GA only)

Children enrolled in our Toddler classes traditionally move up into the Primary class(es) at the same location. Do you anticipate your child enrolling at our school for the Primary (3-6) class?

Primary classes: The Primary class is a 3-year cycle, culminating with the kindergarten year. Do you anticipate your child completing the 3-year cycle?

Family information:

Parent's names _____

Mailing address _____ Zip Code: _____

Home/Cell phone # _____

Email addresses _____

Parent's occupation _____

Employer: _____ work phone: _____

Parent's occupation _____

Employer: _____ work phone: _____

Siblings (names, ages): _____

Sibling's school: _____

Others living with family: _____

Grandparents (name, address)

Information about your child:

Where has child lived previously? _____

Other schools or daycare: _____

Child's allergies, special health, or dietary needs:

Does child still nap? _____ How long _____ Approximate 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 with parents:

How much screen time does your child have on a daily basis? _____

What programs/activities? _____

What do you hope for your child to gain from a Montessori experience?

Do you anticipate separation anxiety in your child during the first days of school?

What personal talents or skills would you like to contribute to the school?

Date _____ **Signature of parent(s)** _____

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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.