

# Application

The Children's House Montessori School- 80 Sagamore Road • Rye, NH • 03870

Child \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_ Date of application \_\_\_\_\_  
years months

Scheduling Needs \_\_\_\_\_  
(please be specific)

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

home address \_\_\_\_\_

home address \_\_\_\_\_

phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

## Brothers & Sisters

names & ages \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Grandparents

names & addresses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Health

pediatrician or family practice \_\_\_\_\_

allergies \_\_\_\_\_

address \_\_\_\_\_

restrictions \_\_\_\_\_

phone \_\_\_\_\_

other \_\_\_\_\_

### Office Use Only

Applying for 20 \_\_\_\_\_  
 Toddler, 5 days  MWF  TTh   
 AM Primary  AM Primary with extra care  
Application fee rec'd \_\_\_\_\_ check # \_\_\_\_\_  
Tour \_\_\_\_\_ Teacher visit \_\_\_\_\_  
Registration fee rec'd \_\_\_\_\_

## Your Child

1. What would you like to tell us about your child?
2. Does your child have specific likes, dislikes or routines?  
(noise, food, naps, favorite activities)
3. Does your child have any developmental considerations that the school should be aware of (e.g. speech/language, motor, dietary restrictions, sensory sensitivities, chronic illnesses)?
4. Briefly share with us your goals and expectations for your child's experience at The Children's House please.

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### Application Procedure

1. Submit application and \$25.00 fee to The Children's House.
2. When space is available parents may tour the school and meet the administrator. If enrollment is likely, child will be invited to meet with a classroom teacher.
3. Enrollment will be finalized upon acceptance of registration fee (Primary \$200, Toddler \$100, applicable to tuition)
4. Emergency Registration Information, Health Form and Immunization Record must be on file when your child enters the program.