



Children's House Montessori School
 2425A N. Glebe Road
 Arlington, VA 22207

CANDIDATE REGISTRATION

Applicant's Name: _____ Gender: Boy Girl

Home Address: _____ Phone: _____

Date of Birth: _____

Father's Name: _____

Home Email: _____ Cell Phone: _____ Work Phone: _____

Name & Address of Employer: _____

Occupation/Position: _____ Work Email: _____

Mother's Name: _____

Home Email: _____ Cell Phone: _____ Work Phone: _____

Name & Address of Employer: _____

Occupation/Position: _____ Work Email: _____

Address if different than child: _____

Has your child had the gift of any therapy (speech, O.T., etc..) No Yes

Please describe: _____

List any allergies your child may have: _____

Names and ages of brothers and sisters: _____

How did you hear about Children's House Montessori School?

Ad Alumni Friend/Colleague: _____ Website

Indicate the program in which you would like to enroll your child and the preferred date of entrance.	
<p>Toddler 24-33 months</p> <p><input type="checkbox"/> 8:15 a.m. – 11:15 a.m.</p> <p><input type="checkbox"/> 8:15 a.m. – 3:00 p.m.</p> <p><input type="checkbox"/> 8:15 a.m. – EP (Enrichment Program)</p> <p>Pre-School 3-6 years</p> <p><input type="checkbox"/> 7:30 a.m. – 1:15 p.m.</p> <p><input type="checkbox"/> 7:30 a.m. – 3:00 p.m.</p> <p><input type="checkbox"/> 7:30 a.m. – EP (Enrichment Program)</p>	<p>Preferred Entrance Date:</p> <p><input type="checkbox"/> Immediate Opening</p> <p><input type="checkbox"/> Summer 1</p> <p><input type="checkbox"/> Summer 2</p> <p><input type="checkbox"/> Fall 20____</p>

*NOTE: \$70 Nonrefundable Processing Fee Required with Application. Filling out this form does not constitute acceptance into CHMS. Registration and fee apply only to the school year for which you've applied.

Office Use Only

Rec'd _____ Added to Database _____ Check # _____ O.H. _____ Play date _____

Sibling of alum _____ Sibling of current student _____