



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

CANDIDATE REGISTRATION FORM

Applicant's Name: _____ Gender Boy Girl
Home Address: _____ Phone: _____
Date of Birth: _____

Parent 1 Name: _____
Home Email: _____ Cell Phone: _____ Work Phone: _____
Name & Address of Employer: _____
Occupation/Position: _____ Work Email: _____

Parent 2 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?

Social Media Google Friend/Colleague _____ Other _____

*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.

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>Preschool:</p> <p><input type="checkbox"/> Immediate Opening</p> <p><input type="checkbox"/> Summer Camp I</p> <p><input type="checkbox"/> Summer Camp II</p> <p><input type="checkbox"/> Fall 20 ____</p> <p>Toddler:</p> <p><input type="checkbox"/> Fall Toddler 20 ____</p>

Office Use Only

Rec'd _____ Added to Database _____ Check # _____ O.H. _____ Playdate _____
Sibling of alum _____ Sibling of current student _____