

**Primary Application**

Name of Child \_\_\_\_\_ Sex \_\_\_\_\_  
Nickname, if any \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_  
Has your child attended a Day Care or Preschool Program before? \_\_\_ Yes \_\_\_ No  
If "yes", where? \_\_\_\_\_

Is your child able to independently use toilet facilities? \_\_\_ Yes \_\_\_ No

Does your child nap? \_\_\_ Yes \_\_\_ No  
If "yes", \_\_\_ Daily \_\_\_ Rarely For how long? \_\_\_\_\_

Is your child \_\_\_ dependant \_\_\_ independent for his/her age?

How does your child communicate?  
\_\_\_ in phrases; \_\_\_ incomplete sentences  
Articulation: \_\_\_ is clear and easily intelligible; \_\_\_ has some problems

How does your child relate to children outside your family?

\_\_\_\_\_

How does your child relate to adults outside the family?

\_\_\_\_\_

How would you describe your child?

\_\_\_\_\_

How would you rate your child's activity level?  
\_\_\_ constantly on the go  
\_\_\_ period of activity and repose  
\_\_\_ likes to engage in quiet activities most of the time

Do you plan to send (or would you consider sending your child) to MSH past:

Preschool level? \_\_\_ Yes \_\_\_ Maybe \_\_\_ No

Kindergarten? \_\_\_ Yes \_\_\_ Maybe \_\_\_ No

Lower Elementary? \_\_\_ Yes \_\_\_ Maybe \_\_\_ No

Is your child on a Waiting List at another Private School or Public Charter? \_\_\_\_\_

If so, what school? \_\_\_\_\_

How did you learn of our school? \_\_\_ Montessori School House student referral  
\_\_\_ Newspaper \_\_\_ Telephone book  
\_\_\_ Internet \_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Please submit this form with a \$20.00 non-refundable Application Fee