

Toddler 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 received child care outside of the home? ___ Yes ___ No

If "yes", where? _____

How does your child express his/her needs? ___ points ___ fusses or cries
___ sign language ___ beginning vocabulary ___ sentences

Is your child ___ dependant ___ independent for his/her age

Does your child nap? ___ yes ___ no

If "yes", ___ daily ___ rarely ___ for how long? _____

Is your child in ___ diapers ___ pull-ups ___ interested in toilet training

Does your child have a specific item for comfort? ___ yes ___ no

If "yes", describe _____

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