

**Montessori Children's House of Franktown**  
7543 Bayside Rd. ~ P.O Box 5 ~ Franktown, VA 23354  
(757) 442-2215    [montessorifranktown@gmail.com](mailto:montessorifranktown@gmail.com)

Applying for 202\_\_  
**Date of Application:** \_\_\_\_\_

## APPLICATION FOR ENROLLMENT

1. Please submit *Application* and *application fee of \$35* to **MCHF**.
2. All prospective parents are asked to meet with the Directress before enrollment.
3. Upon acceptance the non-refundable tuition deposit of \$150 (applicable to tuition) and the signed Enrollment Agreement are due.
4. The first tuition payment and all fees are due before the child enters school.

### CHILD

Boy       First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Girl       Home mailing address and zip \_\_\_\_\_ Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Age: \_\_\_yrs \_\_\_mos.      Place of Birth: \_\_\_\_\_  
Previous School Experience: \_\_\_\_\_ Custodial Parent: \_\_\_\_\_

Montessori School (name, location)      When \_\_\_\_\_      Child care/preschool/other (name, location) \_\_\_\_\_

Reason for applying to Montessori Children's House: \_\_\_\_\_

### MOTHER

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Home Physical Address

\_\_\_\_\_  
City, State, Zip      Home Phone \_\_\_\_\_

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer/Business Name, City      Work Phone \_\_\_\_\_

\_\_\_\_\_  
Mother's email

### FATHER

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Home Physical Address

\_\_\_\_\_  
City, State, Zip      Home Phone \_\_\_\_\_

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer/Business Name, City      Work Phone \_\_\_\_\_

\_\_\_\_\_  
Father's email

### SISTERS & BROTHERS (names & ages)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### GRANDPARENTS (Names & Addresses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PETS:

### OTHERS IN HOUSEHOLD (Names, ages, relationship to Child)

Montessori Children's House of Franktown admits students of any race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs. We seek and welcome cultural and racial diversity to our school community as a colorful expression of the family of God.

**Application (cont.)**

**Personal Hygiene:**

Toileting:      uses toilet alone                      with assistance                      needs reminders                      \_\_\_\_\_  
                                 occasional accidents                      frequent accidents  
                                 wears diapers                      pullups                      night time only                      \_\_\_\_\_  
                                 cloth                      disposable

Hand washing:  
                                 alone                      with assistance                      needs reminders

Any special needs (dietary, medical, behavioral, etc.)

Any allergies?

What else would you like to tell us about your child?

We heard about MCHF from: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Application fee	Date _____ Birth Certificate Shown: Date _____
Interviews:	Date _____ With: _____
Acceptance:	_____
Notification:	_____
Date of Enrollment:	_____
Comments:	_____ _____