

# MONTESSORI CHILDREN'S HOUSE WEST SEATTLE MONTESSORI

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Application		
Received Date:	Check#:	🗆 VIŞA
Enrollment Fee		
Received Date:	Check#:	🗆 VISA

# NEW STUDENT APPLICATION (\$150 application fee)

Montessori Children's House is a year-round\* Montessori experience, including summer, serving children 2\*\* years (and actively potty training) to 6 years of age (not kindergarten). When placement becomes available for your child, we will reach to offer enrollment which could be at any time throughout the year. Should you decline placement when offered, your child will be removed from our waitlist. We hope that won't be the case!

\* Please ask to see the MCH Important Dates Calendar for holidays and days class is not in session.

\*\*Applications submitted in advance of the child's 2<sup>nd</sup> birthday will still be considered when of age (2yrs) and a spot opens.

(Last)	(First)	(Middle)	(Preferred)
Date of Birth// Age	: Gender: 🗆 Male	□ Female □ Ot	her
GUARDIAN 1: Name			🗆 Student lives with
Address	P	hone 1	□ cell □ work
City/St/Zip	Р	hone 2	□ cell □ work
Email Address			
Occupation	Employer	Name	
GUARDIAN 2: Name Please complete information below if differen	nt from above.		🗆 Student lives with
Address	Р	hone 1	□ cell □ work
City/St/Zip	Р	hone 2	□ cell □ work
Email Address			
Occupation	Employer	Name	
Student's Siblings: Name	M/F/O Ag	ge Scho	ol or Occupation

FAMILY INFORMATION

DEMOGRAPHICS

# Optional Demographic Data:

Your response to the question in this section is optional. We respect your privacy and will use the information for statistical purposes only. We appreciate your responses; they will not be used to discriminate against your family in any way.

## □ American Indian or Alaska Native □ A □ Black or African American □ V

□ Asian □ White □ Native Hawaiian or Other Pacific Islander □ Hispanic or Latino □ Other \_\_\_\_\_

### SOCIAL EXPERIENCE:

How does your child relate to other children?

How does your child relate to other adults?

What are three words that come to mind when describing your child?

. . . . . .

What are some of your child's strengths?

What are some of your child's challenges and what do you do to help your child through these challenges?

#### SCHOOL EXPERIENCE:

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Has your child been enrolled in another school, preschool or daycare?	□ Yes	□ No	□ Montessori Experience
Name:		Number	of Years Attended
Has your child ever exhibited behavioral concerns at home, daycare or s $\Box$ Yes $\Box$ No If yes, please explain.	school?		

Has your child ever been tested for, or received, special services for a learning strength or challenge?

Lites Lin	o If yes, please check of	all that apply.		
🗆 Dyslexia	🗆 Dysphasia/Aphasia	□ Speech Therapy	🗆 Dyscalculia	□ Visual Processing Disorder
□ OT	🗆 Dyspraxia	□ ADD/ADHD	🗆 Dysgraphia	□ Auditory Processing Disorder
🗆 PT	🗆 Dyspraxia	□ Applied Behavior	al Analysis	□ Giftedness/Asynchrony
□ Other				

Does your child have an IEP, 504 plan or other professional recommendation for any of the above?  $\Box$  Yes  $\Box$  No If yes, please include a copy of the report. If no, please explain.

### ACKNOWLEDGEMENT:

I understand that the application fee (\$150) associated when submitting my application is <u>non-refundable and</u> <u>non-transferable</u>.

I understand that my application will remain on the waitlist until a spot becomes available and/or I decline enrollment. I also recognize that enrollment is based on availability and that acceptance may occur at any time throughout the year.

### Guardian Signature:

Date:\_

Montessori Children's House of West Seattle is non-sectarian and non-discriminating. We strive to provide quality education to all children and will work with students and families to the best of our abilities to meet the child's needs as an individual; however, we are not equipped to provide specialized programs for students with significant emotional, behavior, social, or learning challenges.

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