



WHITE FLINT CHILDREN'S HOUSE

11810 Parklawn Dr. Rockville, MD 20852

Tel (301)230-9720 email: wfch@metromontessori.com Fax (301)230-9724

APPLICATION FOR ADMISSION- PART I

Date of Application: ____/____/____

Desired Start Date: ____/____/____

Program Option (check one): **A. Toddler Program:** 18-23 months or 24-35 months **B. Early Childhood (3-6yrs)**

Calendar Option: ___ **Option #1** (Aug. 30-Jun. 9) ___ ***Option #2** (Aug. 30-Jul. 12) ___ ***Option #3** (Aug. 30-Aug. 12)

Program Schedule: (please check all that apply)

- Full Day (7:30am - 6:00pm)
- Half Day Program (8:45am - 12:00pm)
- School Day Program (8:45am - 3:00pm)

Extended Care:

- Before Care (7:30am - 8:45am)
- Afternoon Adventures (3:00pm - 6:00pm)

★ Student Information:

Student's Full Name: _____ **Gender:** _____

First Middle Last

Date of Birth: ____/____/____ **Preferred name to be called:** _____

Home Address: _____

Street

City State Zip Code

★ Parent/Guardian Information:

1. **Name of Parent/Guardian:** _____ **Relationship to child:** _____

Parent/Guardian Home Address: _____
_____ same as student _____ is not same as student, please provide

Email: _____ **Cell Phone:** () _____ - _____

Employer: _____ **Work Phone:** () _____ - _____

2. **Name of Parent/Guardian:** _____ **Relationship to child:** _____

Parent/Guardian Home Address: _____
_____ same as student _____ is not same as student, please provide

Email: _____ **Cell Phone:** () _____ - _____

Employer: _____ **Work Phone:** () _____ - _____

Parents/Guardians are: ___Married ___Separated ___Single Parent ___Divorced ___Domestic Partners ___Widower



APPLICATION FOR ADMISSION - PART II

Your answers to the following questions will enable us to learn more about your child.

A. STUDENT INFORMATION

Primary Language: _____ **Other Language(s) Spoken:** _____

Siblings: _____
Name, Age Name, Age Name, Age

My child has previous Montessori Experience: _____ Yes _____ No

School/Childcare programs previously attended:

- _____ *When:* _____ to _____
- _____ *When:* _____ to _____

Please list your child’s interests/strengths/gifts:

Describe any social, emotional, or physical needs your child may have:

Is your child toilet trained? _____ Yes _____ No *Comments:* _____

What kind of classroom environment would be a good match for your child?

B. QUESTIONNAIRE

Why have you chosen White Flint Children’s House for your child?

What aspects of the Montessori philosophy are most appealing to you, and why?

What goals do you have for your child that you hope will be attained at White Flint Children’s House?

How did you learn of White Flint Children’s House? _____

I hereby apply for admission for my child.

Parent/Guardian Signature: _____ Date: ____/____/____

OFFICE USE ONLY:

ADMISSION APPLICATION: ____/____/____ Check # _____ Paid: _____

ACCEPTANCE SENT: ____/____/____ with start date of ____/____/____

ENROLLMENT RECEIVED: ____/____/____ Check # _____ Paid: _____

ENROLLMENT PACKET SENT: ____/____/____