

**WHITE FLINT CHILDREN'S HOUSE**

11810 Parklawn Dr. Rockville, MD 20852

Tel (301)230-9720 email: Admin@wfchmontessori.com

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: <u>Option #1</u> (Aug. 28-Jun. 14) Traditional School Year	<u>Option #2</u> (Aug. 28-Jul. 12) Expanded Calendar	<u>Option #3</u> (Aug. 28-Aug. 09) Deluxe Calendar
---	---	---

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: ____/____/____