

## **Application for Ages 3-6 Classroom**

1702 Legion Road, Chapel Hill, NC 27517 (919) 929-3339 / admin@mdsch.org / www.mdsch.org

Child's Name		Birthdate	
Child's Sex	Siblings & Ages _		

Child's Home Address

3 Day a Week Contract

**5** Day a Week Contract

Parent/Guardian #1 Name; Relationship to Child	Parent/Guardian #2 Name; Relationship to Child	
Home Address (if different)	Home Address (if different)	
Home Phone	Home Phone	
Home Email	Home Email	
Mobile Phone	Mobile Phone	
Business Address	Business Address	
Business Phone	Business Phone	
Business Email	Business Email	

> Please circle email address(es) MDS should use for correspondence.

> Please attach additional sheets if necessary.

**1.** Please list child's previous preschool experience including dates attended:

- 2. Why are you considering a Montessori preschool for your child?
- 3. How did you hear about this school?

**4.** What goals do you have for your child for the years he/she will attend this Montessori preschool and kindergarten?

**5.** Has your child ever been evaluated for special learning and/or behavior needs? If so, by whom? \_\_\_\_\_

**6.** In order to meet the needs of your child, please describe any disabilities (physical, emotional, mental, language barriers, family situation) which affect your child's behavior. Failure to disclose this information could result in removal from our school.

**7.** Whom may we contact at your child's current or previous school(s) to request any evaluations and school records? Please list contact information and attach any copies.

**8.** Please list any food allergies or dietary restrictions you are aware of for your child:

Date

Parent Signature

Your comments on this form and in any subsequent conversation will be kept confidential. **A non-refundable \$75.00 application fee will process your child's application.** Please call the school at 919-929-3339 or contact <u>admin@mdsch.org</u> with any questions.