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Date Received:	
Interview Date:	

Application for Toddler Classroom (Ages 18 Months to 3 Years Old)

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 & Relationship to Child	Parent/Guardian #2 & 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 daycare or preschool experience including dates attended:		
2. Why are you considering a Montessori toddler class for your child?		
3. How did you hear about this school?		

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 or contact admin@mdsch.org with any questions. Thank you.