

Chesapeake Montessori School
Infant Room Application
Prospective Student Information Form

Name of Parent _____

Address _____

Home Number _____ Cell _____

E mail address: _____

Child's Information

Name of Child _____

Gender M F

Birth date of Child _____ Age as of September 1 _____ Months

Infant Schedule is: M-F 7:30 to 5:30 Year Round

Does your child have medical conditions/allergies of which we need to be aware? Y N

Please explain if you answered yes.

To better meet the needs of your child, please explain these conditions if they will potentially impact your child at school or in the event we will need to administer emergency medication.

To better meet the needs of your child, please indicate if your child has any behavioral issues that may potentially impact your child at school? Y N

Please explain if you answered yes.

Has your child ever been asked to leave another school for any reason? Please explain if you answered yes. Y N

Do you currently have other children at CMS? Y N
If yes please list name and age level.

How long would you be committed to keeping your child at Chesapeake Montessori?

Through Children's House (PK-K) Through Elementary (1-3) (4-6)

Through Middle School (7-8)

Does your child interact well with other children? Y N Sometimes

Do you feel your child will have any separation anxiety? Y N Mild

Is your child transferring from another facility? Y N

If yes, name of school and city _____

Please return this completed application to Chesapeake Montessori School with a \$50.00 nonrefundable application fee. Once we receive the application form and fees we will send you the registration paperwork.

What questions do you have about Chesapeake Montessori School or Montessori education?