

Chesapeake Montessori School  
Infant Application  
Prospective Student Information Form

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

**Child's Information**

Name of Child \_\_\_\_\_ Gender: M F

Birth date of Child \_\_\_\_\_ Age as of September 1 \_\_\_\_\_ months

**Infant schedule is: Monday – Friday, 7:30-5:30, Year-Round.**

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 childcare facility? Y N

If yes, name of facility and city \_\_\_\_\_

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

If you answered yes, 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.

\_\_\_\_\_  
\_\_\_\_\_

Has your child been vaccinated according to the VDOH recommended vaccine schedule? Y N

**We do not accept non-vaccinated children at CMS.** Please explain if you answered No.

\_\_\_\_\_  
\_\_\_\_\_

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)

Do you currently have other children at CMS?            Y            N

If yes, please list name and age level \_\_\_\_\_

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

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How did you hear about Chesapeake Montessori School?

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**I agree that I have answered these questions truthfully, honestly, and to the best of my ability.**

**Signature:** \_\_\_\_\_

**Please return this completed application to Chesapeake Montessori School with a \$50.00 nonrefundable application fee. Once the form and the fee are received, you will be contacted for a tour.**