

Chesapeake Montessori School
Toddler/Children's House Application
Prospective Student Information Form

Name of Parent _____

Address _____

Phone Number _____ Cell _____

E mail address: _____

Child's Information

Name of Child _____

Gender M F

Birth date of Child _____ Age as of September 1 _____

*Toddler Classroom Please Circle YES NO

*How many days per week interest you? 3 4 5

*Which Days of the week interest you? M T W R F

*What is your preferred daily schedule?

____ 8:30 to 12:00 ____ 8:30 to 3:10 ____ 7:30 to 5:30

*Will your child attend for the School Year or Year Round? SY YR

*Times and days are offered on a space available basis.

*It is the policy of Chesapeake Montessori School to place siblings of the same age level in separate classrooms for individual growth and independence.

Do you have siblings who would both be in Children's House at the same time? Y N

If you would like your child to stay **after** 12:00 will he or she require a nap? Y N

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.

How long would you be committed to keeping your child at Chesapeake Montessori?
Through Children's House (Pre K--K) through Elementary through Middle School

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

Does your child follow directions? Y N Sometimes

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

Is your child fully toilet trained? Y N

Does your child go to the bathroom independently? Y N

Is your child transferring from a Montessori school? 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 the form and the fee are received, you will be contacted for an interview. Interviews are scheduled Monday through Friday during the morning work cycle.

What questions do you have about Chesapeake Montessori School or Montessori education? Please write any questions on an attached sheet of paper.