

Chesapeake Montessori School
Children's House 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 _____

Children's House schedule, choose: 3 days or 5 days

What is your preferred daily schedule*?

_____ 8:30-12:00 (half day) _____ 8:30 to 3:10 (School Day) _____ 7:30-5:30 (Full Day)

**NOTE: Times and days are offered on a space available basis. We have limited half day and three day spots available.*

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

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

If you would like your child to stay after 12:00 will they require a nap? Y N

Will your child attend School Year or Year-Round? SY YR

Is your child transferring from another Montessori School? Y N

If yes, name of school and city _____

If no, name of current childcare/school and city

Briefly explain why you are moving your child from their current childcare/school:

Does your child have a diagnosed learning disability? Y N

To better meet the needs of your child, please explain your child's learning disability:

Does your child have a suspected/diagnosed behavioral or developmental disability? Y N

Please explain if you answered yes.

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

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

Through Children's House (K)

Through Elementary (1-3) (4-6)

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

Does your child have any diagnosed food allergies? Y N

Please explain the allergy, how it will potentially impact your child at school, and if we will/may need to administer emergency medication.

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.

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

How did you hear about Chesapeake Montessori School?

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 an interview (for children 4 and older) and/or a tour.