Date Received	
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## **Children's House Application for Admission**

2014 – 2015 School Year (September 2, 2014- May 29, 2015)

What would	be your child's ideal schedu	<b>le?</b> Please see tuition schedule for details.
	aysOther	
	alf Day (8:30am to 12:30pm) Ill Day (8:30am to 3:00pm)	
	tended Day (8:30am up to 6:00	pm)
	Desired start dat	
Child's Full Name + Age		
Name Used		
Date of Birth		Gender
Home Address		
Home Phone		
Mother's Name		
Mother's Mobile Phone	Mother's	Office Phone
Firm/Occupation		
Mother's Email		
Falents, hobbies, special inte	rests	
Address (if different)		
ather's Name		
Father's Mobile Phone	Fath	er's Office Phone
Firm/Occupation		
Father's Email		
Talents, hobbies, special inte	rests	
Address (if different)		

Siblings: Names and Ages
Others living with family
Pets' names and species
* * *
Would this be your child's first experience with school?
What other schools has your child attended, and why did he or she leave?
Is your child independently toileting during the day and at night? Please provide details.
What are your child's interests?
Does your child still nap? If so, how frequently, and for how long?
Is your child currently under any evaluations or receiving services such as Occupational Therapy, Physical/ Speech/Sensorial or Behavioral Therapies?
The following special accommodation(s) may be required to most effectively meet my child's needs at school:
How do your redirect your child when they are making choices that are unsafe, inappropriate or disrespectful?  How does he or she respond?
What are your educational and social goals for your child?
What do you feel are your child's strengths?
What is most challenging for your child?

Is there any other pertinent information that could facilitate the care and education of your child?		
Vhat aspects of Renaissance Montessori are most important to you?		
Are you willing to attend parent education events and to perform volunteer activities on a r		
Are you willing to contribute to the class' snack on a regular basis?		
Are you willing to work with your child's teacher to maintain consistency between home an boundary setting and discipline through communication?		
Are you willing to have your child arrive and attend on a regular, prompt basis?		
Are you willing to re-evaluate your child's schedule should he or she not find success with the initially desired?		
Parent(s) signature	Date	