

THE MONTESSORI SCHOOL OF HOLMES RUN

Site:
3335 Annandale Road
Falls Church VA 22042
mshr@vamontessori.com

Mailing Address:
P.O. Box 11726
Burke VA 22009-1726
703-573-7599

APPLICATION FOR ENROLLMENT

Child's Full Name _____ Birth Date _____

Child's Nickname _____

Home Address _____
Street City State Zip

Enrolling Parent's Name _____ Phone (h) _____ Email _____

Home Address _____
(If different from Child) Street City State Zip

Occupation _____ Phone (c) _____ (w) _____

Business Address _____
Street City State Zip

Other Parent's Name _____ Phone (h) _____ Email _____

Home Address _____
(If different from Child) Street City State Zip

Occupation _____ Phone (c) _____ (w) _____

Business Address _____
Street City State Zip

Name and address of parent or guardian to whom school information should be sent (if different from child)

Name (s) Street City State Zip

Your reasons for choosing our school? _____

Anticipated entrance date _____ Years your child will remain at the Children's House _____

Will your child enroll for Kindergarten at the Children's House? _____

Will you need before and after school care? _____

How did you know about our school? Please circle all that apply:

Website/Facebook/Magazine/Family & Friends

Please state the name(s) of your referral(s):

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Previous Schools Attended

Preschool/Daycare _____ From _____ To _____

Name of school/daycare

Phone

Preschool/Daycare _____ From _____ To _____

Name of school/daycare

Phone

About Your Child

Please describe your child's reaction to previous group experiences: _____

How does your child relate to: Adults _____

Children _____

Strangers _____

Is your child shy, passive, or confident in new situations? _____

Describe your child's temperament: _____

Special talents and activities your child enjoy: _____

Is your child toilet trained? _____ If not, have you started the process? _____

Anything else that you wish to share with us about your child? _____

Signature _____ Date _____

Parent/Guardian

**A NON-REFUNDABLE \$100.00 APPLICATION FEE IS DUE WITH THE RETURN OF THIS FORM.
PLEASE MAKE CHECKS PAYABLE TO MSHR OR REQUEST A PAYPAL INVOICE*.**

***transaction fee applies**