



**THE
MONTESSORI SCHOOL
OF CHEVY CHASE**

Application for Admission
School Year: August 27, 2018 - August 9, 2019

Child's Name _____ Male _____ Female Today's Date _____

DOB _____ Age at Admittance _____ Potential Starting Date _____

Address _____

Home Phone _____ Emerg. _____

Parent Name _____ Work _____

Occupation _____ Cell _____

Email _____ Fax _____

Parent Name _____ Work _____

Occupation _____ Cell _____

Email _____ Fax _____

Siblings/Ages _____ Other Languages Spoken _____

Select the program you are applying for:

A. TODDLER PROGRAM: ages 18 months – 3 years

Our Toddler Program includes an introduction to French or Spanish. Please select your preference.

____ FRENCH INTRODUCTION **OR** ____ SPANISH INTRODUCTION

| √ Check One | PROGRAM | HOURS |
|--------------------------|------------|-----------------|
| <input type="checkbox"/> | Half Day | 8.45am – 1.00pm |
| <input type="checkbox"/> | School Day | 8.45am – 3.30pm |
| <input type="checkbox"/> | Full Day | 8.45am – 6.00pm |

B. PRIMARY PROGRAM: ages 3 – 6 years

____ PRIMARY CLASS **OR** ____ FRENCH IMMERSION CLASS

| √ Check One | PROGRAM | HOURS |
|--------------------------|------------|-----------------|
| <input type="checkbox"/> | School Day | 8.45am – 3.30pm |
| <input type="checkbox"/> | Full Day | 8.45am – 6.00pm |

C. ____ Early Arrival: 8.00am – 8.45am

Parent Signature _____ \$50 Application Fee _____ Date _____

Office Use Only:

\$50 Non Refundable Application Fee Ck. # _____ Date Received _____ By _____
\$500 Non Refundable Enrollment Fee Ck. # _____ Date Received _____ By _____

Please answer the following questions:

1. Does your child have any health conditions? Any allergies/medications?
2. Has your child had any prior school experience? If so, where?
3. Has your child undergone any academic, diagnostic, psychological or other testing?
4. Has your child had any experiences away from you?
5. What is your child's sleeping/nap habits?
6. Is your child potty trained?
7. What is your child's eating habits? Likes/dislikes? Foods not allowed?
8. Are you interested in volunteering at school?
9. Can you attend parent meetings and school events?
10. Is there anything you would like to share with the children at school? Cooking, gardening, etc.
11. What activities does your child like to do?
12. Why are you interested in a Montessori Education for your child?
13. How did you learn about our school?
14. Anything else you would like us to know about your child?

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