

**THE  
CHILDREN'S  
HOUSE  
OF  
WASHINGTON**

3133 Dumbarton Street, N.W.    Washington, D.C. 20007    Ph. 202-342-2551

APPLICATION FOR ENROLLMENT

Child's name \_\_\_\_\_

Nickname, if any \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_

FAMILY INFORMATION

Home address \_\_\_\_\_

\_\_\_\_\_

Home telephone \_\_\_\_\_

Mother's name \_\_\_\_\_

Occupation \_\_\_\_\_

Business address \_\_\_\_\_

Business telephone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Father's name \_\_\_\_\_

Occupation \_\_\_\_\_

Business address \_\_\_\_\_

Business telephone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Siblings and ages \_\_\_\_\_

Pets \_\_\_\_\_

Other people living in the home; relationship to child \_\_\_\_\_

Person at home during daytime hours \_\_\_\_\_

### SCHOOL INFORMATION

In case of emergency parents will be contacted first, unless we are otherwise instructed. Where possible, please list an additional person:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to your child \_\_\_\_\_

Who will bring your child to school \_\_\_\_\_

Who will pick up your child from school \_\_\_\_\_

If not a parent, please give name \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Has your child ever been in school, a playgroup or a day care center? If so:

Name of school \_\_\_\_\_

Address \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_

\_\_\_\_\_

Will you need day care for your child after the Montessori program? \_\_\_\_\_

If so, for which days \_\_\_\_\_

For what hours \_\_\_\_\_

Will you need financial aid \_\_\_\_\_

How did you hear about our school \_\_\_\_\_

How does your child express his or her will in difficult situations \_\_\_\_\_

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In situations where firmness is required at home, what forms of discipline do you use?

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Is your child content to play independently, without parent or playmate, during parts of the day? \_\_\_\_\_

What are some of his or her favorite activities or amusements \_\_\_\_\_

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Does your child nap \_\_\_\_\_

If so; for what hours \_\_\_\_\_

Is your child toilet trained \_\_\_\_\_

Does your child have any special medical problems that we would need to be aware of \_\_\_\_\_

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Do you have any special requests of the Teacher with regard to your child \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Please include a photo of your child