

-THE CHILDREN'S HOUSE MONTESSORI SCHOOL

4023 Lee Avenue, Little Rock, AR 72205
Tel: 501.664.5993
Fax: 664.2857

APPLICATION FOR ENROLLMENT STARTING _____

Child's name _____ M? ___ F? ___ Date of birth _____
Address _____ ZIP CODE _____
Home telephone _____

Father's name _____ Occupation _____
Business address _____ Business telephone _____
e-mail address _____ Cell phone _____

Mother's name _____ Occupation _____
Business address _____ Business telephone _____
e-mail address _____ Cell phone _____

Physician _____ Telephone _____
Address _____

- The youngest age for enrollment is twelve (12) months.
- If your child does not function independently without a pacifier, a bottle, a blanket, or any other form of support system, we ask that you wean him/her from such devices before he/she starts school.
- We request a visit at which the child and one or both parents are present.
- A current immunization record **MUST be furnished prior to attendance.**
- We require notice in writing, one month in advance, if your plan to withdraw your child from school before the end of the school year.
- We reserve the right to terminate a child's enrollment at The Children's House if that child's presence endangers the emotional stability and/ or physical safety of other children enrolled. A parent/teacher conference will be scheduled and the reasons for discharge will be stated.
- All policies and procedures will be applied equally to each student regardless of age, sex, race, color, religion or national origin.

I hereby make application for my child to attend The Children's House Montessori School. The application fee of \$75.00 is enclosed.

Signed

(mother)

Date _____

(father)

My child will attend school for:

MORNING CLASS 8:30am-11:30am ()

FULL SCHOOL DAY 8:30am- 2:30pm ()

FULL DAY w/CHILD CARE ___am - ___pm

My child will participate in the school lunch program YES () NO ()

Date of observation _____