



P.O. Box 102 \* Front Royal, VA \* 22630

(540) 636-4257 \* info@mlm-school.org

**ADMISSION APPLICATION FOR TODDLER COMMUNITY THROUGH ELEMENTARY SCHOOL**

Full Name of Applicant \_\_\_\_\_

First

Middle

Last

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Applying for:**

Toddler Community Mornings (M-Th) (16 months - 3 years) \_\_\_\_\_ Primary Mornings (3-6 years) \_\_\_\_\_

Toddler Community Full Day (M-F) (16 months - 3 years) \_\_\_\_\_ Primary Full Day (3-6 years) \_\_\_\_\_

Elementary (6-12 years) \_\_\_\_\_

In the School Year Beginning September, 2 \_\_\_\_\_ Or First Available Opening? \_\_\_\_\_

**Name of Parent(s) or guardian(s) with whom child primarily resides:**

Mother's (or guardian's) Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's (or guardian's) Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address \_\_\_\_\_

Alternate Home Telephone Number \_\_\_\_\_

Person(s) Financially Responsible for Tuition \_\_\_\_\_

Why do you wish to send your child to Mountain Laurel Montessori School? \_\_\_\_\_

How did you hear about Mountain Laurel Montessori School? \_\_\_\_\_

***I hereby acknowledge and represent that the information provided in this application is true, correct, and complete to the best of my knowledge, and I further acknowledge that a material omission or false information may constitute grounds for dismissal from Mountain Laurel Montessori School.***

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

**\* Please enclose a non-refundable application fee of \$75.00 made payable to MLMS \***

Office Use Only:

Contract Mailed: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Please turn over

# PERSONAL HISTORY FORM

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Sex \_\_\_\_\_

Child's age when first walked \_\_\_\_\_

Child's age when he/she learned to use the toilet during the day \_\_\_\_\_ at night \_\_\_\_\_

Does your child nap? \_\_\_\_\_ Length of nap \_\_\_\_\_

Child's bedtime \_\_\_\_\_ Describe bedtime ritual \_\_\_\_\_

Time child usually awakens \_\_\_\_\_ Describe morning routine \_\_\_\_\_

Describe any special circumstances surrounding your child's birth \_\_\_\_\_

Name all persons living in child's home and relation to child \_\_\_\_\_

Other places child has lived and length of time \_\_\_\_\_

Extended family in the area \_\_\_\_\_

How often does child see grandparents? \_\_\_\_\_

Name, address and phone of other schools or daycare your child has attended \_\_\_\_\_

How do you anticipate your child's reaction to a new school situation? \_\_\_\_\_

How often does your child play with other children and what are their ages? \_\_\_\_\_

Describe activities your child enjoys \_\_\_\_\_

Types and names of household pets \_\_\_\_\_

Does your child help with daily care of pets? \_\_\_\_\_

How many hours of television or videos does your child watch per day? \_\_\_\_\_ per week? \_\_\_\_\_

How many hours does your child play computer or electronic games per day? \_\_\_\_\_ per week? \_\_\_\_\_

Does your child choose his/her own clothes (never, sometimes, usually, always)? \_\_\_\_\_

Does your child dress independently? \_\_\_\_\_

Does your child use the bathroom independently? \_\_\_\_\_

Method of discipline used by mother \_\_\_\_\_

Method of discipline used by father \_\_\_\_\_