



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 \$100.00 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 _____