



HOPE MONTESSORI SCHOOL
4614 RAVENSWORTH ROAD
ANNANDALE, VA 22003
(703) 941-6836
information@hopemontessori.org
http://www.hopemontessori.org

APPLICATION FOR ADMISSION
TO
SCHOOL AND EXTENDED DAY CARE

Please type or print clearly

CHILD'S NAME _____ **NICK NAME** _____ **SEX** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____ **HOMEPHONE** _____

DATE OF BIRTH _____ **CHILD'S NATIONALITY** _____

FATHER'S FULL NAME _____

OCCUPATION _____ **EMPLOYER** _____

BUSINESS ADDRESS _____ **PHONE** _____

E MAIL ADDRESS _____

MOTHER'S FULL NAME _____

OCCUPATION _____ **EMPLOYER** _____

BUSINESS ADDRESS _____ **PHONE** _____

E MAIL ADDRESS _____

IF PARENT'S ARE DIVORCED OR SEPARATED, TO WHOM SHOULD ALL CORRESPONDENCE
BE SENT? _____ **ADDRESS** _____

IS THERE A CUSTODY COURT ORDER AGREEMENT? _____ (A COPY IS REQUIRED AT ENROLLMENT)

LANGUAGE SPOKEN AT HOME _____ **IS THE CHILD ADOPTED?** _____

NAME AND AGE OF SIBLINGS _____

HOW WOULD YOU DESCRIBE YOUR CHILD'S PERSONALITY?

PREVIOUS SCHOOL EXPERIENCES? _____

CHILD'S PRESENT SCHOOL _____ **PHONE** _____

ADDRESS _____ **REASON FOR LEAVING** _____

DO YOU AUTHORIZE THE SCHOOL TO ALLOW YOUR CHILD TO PARTICIPATE IN THE SCHEDULED FIELD TRIPS AND PERIODIC SUPERVISED WALKS IN THE NEIGHBORHOOD IN SUPPORT OF THE MONTESSORI CURRICULUM, WHEN FEASIBLE? YES _____ NO _____

FROM WHAT SOURCE DID YOU HEAR OF HOPE MONTESSORI SCHOOL?

EXTENDED DAY CARE:

I WILL _____ WILL NOT _____ REQUIRE EXTENDED DAY CARE FOR MY CHILD.

IF YES, PLEASE SPECIFY THE DAYS AND HOURS.

HOW DID YOU BECOME INTERESTED IN MONTESSORI?

WHY DO YOU WANT MONTESSORI EDUCATION FOR YOUR CHILD?

OTHER:

THE SCHOOL / CHILD CARE CENTER AGREES TO NOTIFY THE PARENT/ GUARDIAN WHENEVER THE CHILD BECOMES ILL, AND THE PARENT / GUARDIAN AGREES TO PICK UP THE CHILD AS SOON AS POSSIBLE THEREAFTER.

THE PARENT / GUARDIAN AUTHORIZE THE SCHOOL / CHILD CARE CENTER TO OBTAIN IMMEDIATE MEDICAL CARE IF AN EMERGENCY OCCURS WHEN PARENT / GUARDIAN CANNOT BE CONTACTED IMMEDIATELY.

PAYMENT PLAN: _____ ANNUAL _____ SEMESTER _____ MONTHLY.

SIGNATURE OF PARENT OR GUARDIAN: _____ **DATE:** _____

SIGNATURE OF SCHOOL ADMINISTRATOR: _____ **DATE:** _____

FOR OFFICE USE ONLY	
REGISTRATION FEE RECEIVED: \$ _____	CHECK # _____ DATE _____
DATE ADMITTED: _____	DATE OF WITHDRAWAL: _____