



The Montessori
Children's House
of Wellesley

2010 - 2011

Admissions Application

Student Information

Child's full name: _____

Please check: ___ boy ___ girl Nickname: _____

Date of birth: _____ Age on Sept. 1 of projected school year: ___yrs. ___mos.

Home Address: _____

Town: _____ State: _____ Zip code: _____

Siblings' names and birthdates: _____

Parent Information

Parent/Guardian 1

Full name: _____

Home phone: _____ Cell Phone: _____

Home address if different than child's: _____

_____ e-mail address: _____

Occupation: _____

Business phone: _____

Business address: _____

Parent/Guardian 2

Full name: _____

Home phone: _____ Cell Phone: _____

Home address if different than child's: _____

_____ e-mail address: _____

Occupation: _____

Business phone: _____

Business address: _____

10 Waban St.
Wellesley, MA 02482
(781) 507-3277
fax (781) 235-9439

About Your Child

Has your child had previous toddler or preschool program experience? _____ yes _____ no

If so, where? _____

Director's/teacher's name: _____ Phone: _____

May we contact this program? _____ yes* _____ no

What, if any, other group experiences/programs has your child attended?

We appreciate your taking the time to answer the following questions in detail. Please feel free to continue your answers on a separate piece of paper. Please be assured that we value each child's unique learning style and expect a full range of strengths and challenges within our family of students.

Please describe your child. What are your child's strengths, weaknesses, special interests and talents?

What are your child's favorite activities?

Why are you interested in providing a Montessori preschool experience for your child? What are you looking for in your child's preschool?

* Please sign the attached Release Form and submit it to your child's teacher or program director so that we may speak to them.

Are there any special issues in your child's history we should know about? (medical, physical, emotional, educational...) If your child has a diagnosed developmental delay, we encourage you to share that with us so that we can share with you our experience with and approaches to your child's need.

What are your goals/hopes for your child's early education experience at MCHW?

MCHW does not discriminate against any person on the basis of his or her race, gender, age, religion, sexual orientation, national origin, cultural heritage, political beliefs, or marital status, except with regard to the age of the children as dictated by the provisions of any license issued to MCHW by the Commonwealth of Massachusetts.

Signature of Parent: _____ Date: _____

Kindly return the completed form to

*Jennifer Lee
MCHW
10 Waban St.
Wellesley, MA 02482*

There is no application fee.



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RELEASE OF STUDENT INFORMATION

I authorize and direct

Name of program, school or provider: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

to release all records, evaluations and reports related to my child. I further authorize administrators, teachers or program providers who have worked directly with my child to discuss matters relevant to my child's application for admission with administrators and teachers employed by The Montessori Children's House of Wellesley.

Please forward this information to:

Jennifer Lee
MCHW
10 Waban St.
Wellesley, MA 02482

Parent's Name (please print): _____

Signature of Parent: _____ Date: _____

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