



Montessori
Children's House
of Wellesley

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

Admissions Application

2024-2025

Student Information

Child's full name: _____

Gender _____ Date of Birth: _____

Home Address: _____

Town: _____ State: _____ Zip Code: _____

Program Hours are 8:45 AM - 11:45 AM, M-F. Please indicate which, if any, days you would like your child to stay for Lunch Bunch (1:00 PM dismissal):

_____ **Tuesday** _____ **Wednesday** _____ **Thursday**

Family Information

Parent/Guardian 1

Full Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Home Address (if different from child's): _____

Town: _____ State: _____ Zip Code: _____

Parent/Guardian 2

Full Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Home Address (if different from child's): _____

Town: _____ State: _____ Zip Code: _____

Tell Us About Your Child

Does your child have siblings? Yes No If yes, please list their names and ages:

Has your child had previous toddler or preschool experience? Yes No If yes, where?

Would you like us to contact this program to learn more about you child's learning style? Yes* No

Program Director's name: _____ Phone: _____

We appreciate your taking the time to answer the following questions in detail. Feel free to continue your answers on the back or on a separate piece of paper if necessary.

Please describe your child. Tell us about his or her strengths, challenges, special interests, personality and talents.

What are your child's favorite activities?

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

**If we may contact your child's present or previous program, please sign the attached RELEASE FORM and give it to your child's present or previous program director.*

Are there any special issues in your child's history we should know about including medical, physical, emotional or developmental?

What are your hopes and goals for your child's preschool experience?

What are your plans for your child's elementary and secondary education?

MCHW does not discriminate against any person on the basis of his or her race, gender, religion, sexual orientation, national origin, cultural heritage, political beliefs or marital status.

Signature of Parent/Guardian: _____ Date: _____

**Electronic submissions can be sent to
jenn.mchw@gmail.com**

Kindly return completed hardcopy forms to

**Jennifer Lee
Montessori Children's House of Wellesley
10 Waban St.
Wellesley, MA 02482**

There is no application fee.



Montessori
Children's House
of Wellesley

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

Release of Student Information to MCHW (Optional)

Do not return this form to MCHW.

*If you would like us to speak to your child's current or past program director, complete this form **and give it to that person.** It will allow them to speak to us.*

I authorize and direct (name of program, school or care provider) _____

_____ located at (address) _____

to release all records, evaluations and reports related to my child. I further authorize administrators, teachers or program providers who have worked with my child at this program 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/Guardian's Name (print): _____

Parent/Guardian's Signature: _____ Date: _____