



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: \_\_\_\_\_

Occupation: \_\_\_\_\_

#### Parent/Guardian 2

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Home Address (if different from child's): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

# Tell Us About Your Child

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

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

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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.

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What are your child's favorite activities?

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

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*\*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?

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

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

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**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: \_\_\_\_\_

**Kindly return the completed form to**

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

*There is no application fee.*



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# 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: \_\_\_\_\_