215.701.3937 info@ourhousemontessori.org

2017-2018 school year



enrollment application

information about your child	
ild's name:	
ate of birth: age by september 1, 2017:	
nere and with whom does your child spend the day?	
th whom does your child live with? Both parents, both parents at different addresses, or other family ember?, are parents separated or divorced? bes your child have any siblings? there any other family situation that we should be aware of?	
nat time does your child go to bed?	
nat time is nap?how long do they sleep?	
what age did your child begin to speak? do they speak in 2-3 word phrases/sentences	;?
any language other than english is spoken, which one(s) and by whom?	
nat age did your child walk? oportunities to practice on stairs?	
your child adopted or in foster care? if so, how long have they been in your family?	
edical/developmental concerns we should know about?	

does your child have any allergies?	on any medications?
please describe your child's personality, soci	al skills, learning style, and temperament:
self help skills your child can practice at hom	e:
brush teeth comb hair laundry sit on the toilet use fork and spoon dress and/or undress	help to set table help sort load dishwasher or help with drink from a cup without a top
have chances to calm themselves down by t favorite game/activity:	_ use a pacifier? nurse? use a lovey object chances for independent play, away from adults? hemselves?
any additional information about your child y us	ou would like to share with
name of your child's physician	office phone number

parent information	
full name:	-
cellular phone	
home address:	ı
home phone	
primary email addresses:	
employer:	
occupation:	_
hobbies or interests	

parent information	
full name:	
cellular phone	
home address:	
home phone	
primary email addresses:	
employer:	
occupation:	
hobbies or interests:	

	other mem	bers of your fam	nily	
name:	dob:	name:		_dob:
name:	dob:	name:		_dob:
	miscellar	neous informatio	n	
previous childcare:				
present childcare (daycare/	home/school/nanny):			_
opportunities to work with o children?:				
who will be dropping off and child?:				
please provide two emerge		nship		
cellular phone number				
name	relationship _			
cellular phone number				
how did you hear about us?)			
	your	expectations		
what experience do you have you researched or read any			t attended a montessori	program? have
what is your understanding	about the montessori m	nethod of teaching	and learning?	
what goals/expectations do	you have for your child	's enrollment in our	program?	

signature:	signature:
date:	date:

The information collected on this form will be kept completely confidential.

please return this form, along with a non-refundable application fee of \$50 to:

our house montessori 701 south 9th street philadelphia, pa 19147 info@ourhousemontessori.org 215-701-3937

2017-2018 tuition schedule: please mark your preference.
full day (8-3 and 3-6) \$18,500 per year (8-3) \$15,500 per year (8-12) \$13,000 per year 3 full days (8-6)/2 days (8-12) \$16,500 per year 4 full days (8-6)/1 day (8-12) \$17,500 per year We are a 5 day program only. If your family has different scheduling needs, let us know and we will try to work with you.
there will be a \$1000 deposit due upon an agreement or before march 1 st 2017. (this deposit will be deducted from your final tuition payment.) at this time, your family will sign our annual enrollment agreement for the 2017-2018 school year.
(50% of your tuition is due by june 1st. 50% (minus the \$1000 deposit) due on december 1st. There are two other tuition payment plans are available; B) 33%, 33%, 33%, as well as C) 25%, 25%, 25%. All tuition payments must be turned in by February 2017. Please email info@ourhousemontessori.org for further information regarding tuition payments.)