



our house  
montessori

## 2019/2020 application

### information about your child

child's name:	date of birth:	age on 9/1/2019
child's primary address:		

### parent information

full name	cell phone	home phone
home address		
email address		
employer	occupation	
hobbies & interests		

### parent information

full name	cell phone	home phone
home address		
email address		
employer	occupation	
hobbies & interests		

### other members of your family

name	age
name	age
name	age

**assorted information**

previous childcare:

current childcare:

opportunities to work with other children:

name of pediatrician:

name of pediatrician's practice:

child's primary language:

other languages spoken in the home:

please list any past/present medical/developmental concerns or allergies of which we should be aware:

please describe your child's personality, social skills, learning style and temperament:

please list any additional information you would like to share about your child:

**your expectations**

what experience do you have with montessori? have you researched or read any books about the philosophy?

**your expectations**

what is your understanding about the montessori method of teaching and learning?

what goals/expectations do you have for your child's enrollment in our program?

how did you hear about us?

**desired schedule**

please indicate your desired schedule below. if you have flexibility, please indicate your order of preference.

program	selection(s)
morning (8-12/12:30)	
full day (8-3)	
extended day (8-6)	

if you need a custom schedule (ex. 3 full days, 2 extended days), please indicate your needs below:

\_\_\_\_\_

**signatures**

please sign below and return the completed application along with a non-refundable \$50 application fee to:

our house montessori  
1733 spring garden st.  
phila., pa 19130

applications may also be emailed to [info@ourhousemontessori.org](mailto:info@ourhousemontessori.org) with the application fee to be paid via online invoice.

Signature(s):

X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## child info application supplement

additional information about your child & family	
child's name:	date of birth:
where and with whom does your child spend the day:	
with whom does your child live? both parents at same address <input type="checkbox"/> both parents at different addresses <input type="checkbox"/> one parent <input type="checkbox"/> other guardian <input type="checkbox"/>	are parents separated or divorced? Yes <input type="checkbox"/> No <input type="checkbox"/>  does child have any siblings? Yes <input type="checkbox"/> No <input type="checkbox"/>
what time does your child... awake in the morning? _____ go to bed at night? _____	does your child nap? Yes <input type="checkbox"/> No <input type="checkbox"/> if so, what time is nap? _____ how long do they nap? _____
where does your child sleep at night? Crib <input type="checkbox"/> Bed <input type="checkbox"/> Parent/Sibling's Bed <input type="checkbox"/>	how does your child fall asleep? by themselves <input type="checkbox"/> with a pacifier/nursing <input type="checkbox"/>
what age did your child begin to speak? ____ how many words do they have? _____	what age did your child begin to walk? ____ do they ever practice on stairs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have chances to self-calm? Yes <input type="checkbox"/> No <input type="checkbox"/>  If so, how? _____ _____	Is your child toilet independent? Yes <input type="checkbox"/> No <input type="checkbox"/>  If so, do they wear a diaper/pull-up at nap? Yes <input type="checkbox"/> No <input type="checkbox"/>
does your child...	
If so, how often?  drink from a bottle? Yes <input type="checkbox"/> No <input type="checkbox"/> _____  use a pacifier? Yes <input type="checkbox"/> No <input type="checkbox"/> _____	If so, how often?  use a lovey object to sleep (blanket, animal, sleep sack)? Yes <input type="checkbox"/> No <input type="checkbox"/> _____  have chances for independent play away from adults? Yes <input type="checkbox"/> No <input type="checkbox"/> _____
what are your child's favorite activities?	what are your child's least favorite activities?



## 2019/2020 tuition schedule

all children must attend 5 days a week. tuition covers enrollment for the 2019/2020 school year beginning in September 2019 for all operating days. please see school calendar for detailed schedule.

Program	Tuition
morning toddler (8:00-12:00) primary (8:00-12:30)	\$14,140
full day (8:00-3:00)	\$16,975
extended day (8:00-6:00)	\$19,990

if your family requires a mixed schedule (ex. 3 full days and 2 mornings), please contact OHM to discuss availability & pricing

tuition is payable based on one of the following schedules:

	quarterly	semi-annual
deposit	\$1,000 deposit due with enrollment agreement	
payment 1:	25% due 4/1/2019	50% due 6/1/2019
payment 2:	25% due 7/1/2019	remainder due 12/1/2019
payment 3:	25% due 10/1/2019	
Payment 4:	remainder due 1/1/2020	

### drop-in care

drop-in care rates for morning & full day students on an as-needed basis (based on available space).

one additional period	\$35
two additional periods	\$70

### lunch groceries

lunch is prepared from scratch with the children daily and is an important part of our program. our families take turns bringing in groceries on a rotational basis to provide ingredients for each meal. generally, the cost associated with this is about \$100 every two months.

1733 spring garden st. phila., pa 19130  
(215) 701-3937

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[www.ourhousemontessori.org](http://www.ourhousemontessori.org)