



## Application for Admission

*Please return completed application and \$50.00 non-refundable fee to:*

ackmontessori@gmail.com or  
Montessori Children's House of Nantucket  
P.O. Box 2121  
Nantucket, MA 02584

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Child's Full Name	Gender	Nick Name
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Child's Birth date	Year of Entrance
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Please list previous school or childcare experience \*including Early Intervention programs

**Program** (please check one):

Half-day morning program

Full day program

### Family Information

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<b>Parent/Guardian</b>	Phone Number	Email Address
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Physical Address	Mailing Address (if different)
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Occupation and place of employment	Phone Number
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Hobbies/interests

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<b>Parent/Guardian</b>	Phone Number	Email Address
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Physical Address	Mailing Address (if different)
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Occupation and place of employment	Phone Number
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Hobbies/Interests

Does your child live with both birth parents? \_\_\_\_\_

Others living in the household and relationship to child: \_\_\_\_\_

Is English the primary language spoken in your home? \_\_\_\_\_

Please list any other language(s) spoken in the home: \_\_\_\_\_

Please list other schools/programs attended by siblings: \_\_\_\_\_

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### **Parental Reflections**

How would you describe your child's strengths?

How would you describe your child's challenges?

Please share with us how your family spends time together:

How do you feel your child will benefit from a Montessori preschool experience?

What do you hope your child will gain from their experience at The Children's House?

Parents contribute to the school through volunteering opportunities and fund raising efforts, where do you see your talents and expertise applied?

## Developmental History and Background Information

The Commonwealth of Massachusetts Department of Early Education and Care Regulations for licensed child care facilities require this information to be on file and renewed annually in order to address the needs of every child.

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Child's Name

DOB

### Developmental History:

Age began sitting:

crawling:

walking:

talking:

Any speech difficulties?

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Special words or signs to describe needs?

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Uses a pacifier?

Sucks thumb?

### Health:

Any known complications at birth:

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Serious illnesses and/or hospitalizations:

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Special or chronic physical conditions, disabilities (*i.e. asthma*):

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### Eating Habits:

Favorite foods?

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Foods refused?

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Typically Eats breakfast?

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Special characteristics, needs, or difficulties?

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**Toilet Habits:**

Has toilet training been attempted/is your child toilet trained?

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**Sleeping Habits:**

Does your child become tired or nap during the day (include when and how long)?

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When does your child typically go to bed at night?

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When does your child typically get up in the morning?

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**Social Relationships:**

How would you describe your child?

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Previous experience with other children/child care:

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Reaction to strangers:

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Able to play alone?

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Favorite toys and activities:

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Fears (the dark, animals, etc.)?

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How do you comfort your child?

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What is the method of behavior management/discipline at home?

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**Additional Information:**

Please describe your child's schedule on a typical day:

Is there anything else we should know about your child?



*The Admissions Process*

- Submit completed inquiry form by mail or email.
- Attend our annual Open House (held in November).
- Schedule an observation visit during the school day by calling the office.
- Submit a completed application and non-refundable \$50.00 application fee.
- Schedule a readiness visit for your child.
- Families will be informed of acceptance via phone and confirmation letter with tuition contract.
- Return signed contract and place-holding deposit.

