



4150 Pleasant Valley Rd,  
Chantilly, VA 20151, USA

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## Application and Child Information Form

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Application Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Indicate Your Choice of Program:**

5 - Full Day (6:30am to 6:30pm):

3 - Full Day (6:30am to 6:30pm):

5 - School Day (8:30am to 3:00pm):

3 - School Day (8:30am to 3:00pm):

5 - Half Day (8:30am to 12:30pm):

3 - Half Day (8:30am to 12:30pm):

### **Parent Info:**

**Mother's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_



Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_

**Two Emergency Contacts (Other than Parents):**

1) Name/Relationship: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

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

Street Address: \_\_\_\_\_

2) Name/Relationship: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

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

Street Address: \_\_\_\_\_

**Medical Care:**

Pediatric Physician: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

**Previous School(s) Child Attended:**

Has Your Child Previously Been in a Montessori Environment: Yes  No

If Yes, Name of School: \_\_\_\_\_

Dates Attended \_\_\_\_\_ Location of School \_\_\_\_\_

Any Other Schools Attended: \_\_\_\_\_

\_\_\_\_\_



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**Child's Family and Developmental Information:**

Please list all the child's siblings (Name and Age):

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

Child Lives with:  Both Parents  Mother  Father  Other: \_\_\_\_\_

Is the child yours from birth or adoption?  Birth  Adoption

What is your child's favorite color? \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

What is your child's favorite activity to do with one or more persons?

\_\_\_\_\_

What is your child's favorite activity to do by his or herself?

\_\_\_\_\_

Things you are concerned with about your child:

\_\_\_\_\_

How does your child get along with other children and adults?

\_\_\_\_\_

Any other things we should know about your child:

\_\_\_\_\_

\_\_\_\_\_

Languages Spoken at Home: \_\_\_\_\_

Is your Child Potty/toilet trained? If not fully trained, when did training start: \_\_\_\_\_

**Health and Medical Information:**

Does Your Child have any Emotional or Behavioral Issues we should be aware of:

\_\_\_\_\_

\_\_\_\_\_



Specify any special Educational, Physical, or Dietary Needs of your child:

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Is your Child receiving any treatment or medication regularly? (If so, please explain):

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Allergies or Intolerance to Food, Medication, Pollen, Grass, etc., and action to take in an emergency:

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Any Pre-Existing Medical Conditions or Illness, such as Diabetes, Asthma. Hemophilia:

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### **Application Agreement:**

Generally the class placement list is made up in the order in which applications and registration fees are received and at the discretion of the Center Director. Students are accepted on a tentative basis, pending a determination of suitability of the program for the child and the ability to adjust to the group environment. Freedom Montessori School is a private school dedicated to academic excellence in early childhood education. It is not a daycare center. Children vary as to the age in which they are ready for socialization and acceptance of an education program.

I understand that upon enrollment, I am required to provide proof of my child's identity and age to the school (original birth certificate). I further understand that this application will not be accepted, or considered, until the child is interviewed with one or both parents and notice of acceptance is received from Freedom Montessori School. I agree to abide by the rules and regulations of Freedom Montessori School. I fully understand that submission of this application does not guarantee admission.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_



**Note:**

A non-refundable application fee of \$275.00 is due with this application. After receipt of this application and fee the Administrator will notify the parent(s) of acceptance of their child into the school and how to complete the enrollment process. Freedom Montessori School admits students of any race, color, creed, and national or ethnic origin

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**To be filled by the school**

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Signature of the Center Director: \_\_\_\_\_

Printed Name of the Center Director: \_\_\_\_\_

Child's Identity Verification

Date Of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Birth Certificate Number: \_\_\_\_\_

Place Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Verified by:**

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

\_\_\_\_\_  
Signature of Verifier

\_\_\_\_\_  
Date