



The Montessori School of Northampton  
 51 Bates Street  
 Northampton, MA 01060  
 (413) 586-4538

# Application for Admissions Children's House

Child's Name (First - Middle - Last) _____			
Date of Birth (M/D/Y) _____		Place of Birth _____	
		Gender _____	
Home Address _____			
(Street, Apt #)			
		Phone _____	
(City, State, Zip)			
Parents _____		Occupation _____	
Address _____		Phone (H) _____ (W) _____	
(if different from Child's)		E-mail _____	
Parents _____		Occupation _____	
Address _____		Phone (H) _____ (W) _____	
(if different from Child's)		E-mail _____	

Siblings :	Name	Birth date	Gender	School & Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others living in home (relative, au pair, etc.) \_\_\_\_\_

How did you hear about MSN? \_\_\_\_\_

Have you observed our program(s)? \_\_\_\_\_ Date of observation \_\_\_\_\_

Requested program (please number in order of preference):

<input type="checkbox"/> Morning Children's House 8:30-11:30 am	<input type="checkbox"/> Morning Children's House plus Lunch Club 8:30 am-12:30 pm
<input type="checkbox"/> Full-day Children's House 8:30 am-3 pm	<input type="checkbox"/> Little Children's House T, W, Th 8:45-11:45 am

How long do you plan to stay in the school? \_\_\_\_\_

Where do you plan to send your child after MSN? \_\_\_\_\_

Do you expect to receive Community Partnership Grant or voucher funding for this child? \_\_\_\_\_

**Application Fee:** A nonrefundable deposit of \$35 must accompany this application. Please make checks payable to The Montessori School of Northampton.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

over please...

.....office use only.....

check # \_\_\_\_\_ amount \_\_\_\_\_ date \_\_\_\_\_ acknowledged \_\_\_\_\_ Age as of 9/1 \_\_\_\_\_

## *QUESTIONS FOR PARENTS*

Your answers to the following questions will help us know more about you and your child. Please use additional pages as needed. Thank you for your time.

What do you appreciate most about your child?

Please describe your child's interests and favorite activities.

Please list all the schools and/or daycare centers your child has attended including home care options, noting group size and dates.

How do you foresee your child's transition to school: any fears, separation difficulties, etc.?

How does your child express frustration and what do you do in response?

Where is your child in the toilet-learning process?

Please describe any learning assessment or professional support your child has received (speech, occupational and/or physical therapy, educational testing, REACH).

Why are you considering a Montessori education for your family?

Please include any other information you think will help us get to know your family better: birth experience, physical development, sibling relationships, adoption, family structure, personality, group experiences and/or special needs.

Please check all that apply:

Parents:  together     separated     divorced     single parent     foster  
 other, please explain \_\_\_\_\_