



*Nurturing the Child ~ Mind and Spirit ~ Since 1977*  
2400 University Drive ~ Durham, NC 27707 ~ (919) 489-9045 ~ www.mchdurham.org

Application for Pre-Three or Preschool Enrollment

**Applicant Information**

Child's Last Name *(Please write on the line above.)* First Name Middle Name Goes By

Sex:  M  F Date of Birth: \_\_\_\_\_ Applying for:  Pre-Three  Preschool For School Year:  
 2009-10  
 2010-11  
 2011-12

Current School/Daycare (if applicable) \_\_\_\_\_

**Family Information**

Ms.  Mr.  Ms.  Mr.

Last Name *(Please write on the line above.)* First Name Last Name First Name

Home Address Home Address

City, State, Zip City, State, Zip

Home Phone Work Phone Home Phone Work Phone

Email Address Email Address

Best way to contact you Best way to contact you

Occupation Occupation

Employer Employer

Name of Step-parent (if applicable) Name of Step-parent (if applicable)

Check if applicable:  Parents Divorced  Parents Separated  Sole Parent  Parent Widowed  Legal Guardian

If divorced, who has legal custody? \_\_\_\_\_

Primary Language(s) spoken at home \_\_\_\_\_

**The Montessori Children's House of Durham is an accredited Pre-K and Elementary school for children ages 18 months to 12 years. MCHD admits students of any gender, race, religion, creed, family structure, and national or ethnic origin.**

For MCHD Use Only				
			CAT: _____	
Recd	Ack	Off	Acc	AccFee
AppFee	Obs	Ddline	Dec	Wthdr

**Diversity (Optional)**

We strive to be a school with a diverse population. Please tell us about your child's and your family's:

Race \_\_\_\_\_ Heritage/Culture \_\_\_\_\_  
Family structure \_\_\_\_\_ Physical abilities \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Religion \_\_\_\_\_

Other information you feel can contribute to understanding how your child or family brings diversity to our school community:  
\_\_\_\_\_  
\_\_\_\_\_

**Sibling Information**

Sibling Name <i>(Please write on the line above.)</i>	Date of Birth	Grade	Current School
_____	_____	_____	_____
_____	_____	_____	_____

Have any of your other children attended MCHD? If yes, who and when? \_\_\_\_\_

**Health, Medical, and Educational Information**

Has your child ever had:  Medical/Health Issues  Speech, hearing, or occupational therapy  Developmental concerns  
 Psychological testing, counseling, or therapy  To take medications long-term  
If yes to any of the above, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

**Other Information**

In what MCHD levels do you currently plan on enrolling your child in the future?  
 Preschool (age 3 and 4)  Extended Day (Kindergarten)  Lower Elementary (Grade 1-3)  Upper Elementary (Grade 4-6)  
To what other schools are you applying?  
\_\_\_\_\_

**For Preschool Applicants Only**

**After School Care:** At this time, are you interested in Little House After School care ?  Yes  No (This does not affect admissions decisions.)  
**Toilet Training:** All students admitted to the Preschool (Ages 3-6) are expected to be independent of diapers and pull-ups by the time they start school. Please describe where you are in the toilet-training process currently. Students applying to the Pre-Three program (Ages 18 - 36 months) are not required to be toilet-trained.  
\_\_\_\_\_

**How did you hear about our school?**

*Carolinian*  *Carolina Parent*  *Campus Echo* (NCCU)  *Independent Weekly*  *Saathee Magazine*  *Duke Chronicle*  
 *Quepasa*  Open House Banner  Current Family \_\_\_\_\_  Other \_\_\_\_\_

**Parent Responses**

What do you want most for your child in a school experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you find most endearing about your child? What do you find most challenging?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had previous association with or knowledge of the Montessori method? If yes, please describe.  
\_\_\_\_\_  
\_\_\_\_\_

What aspects of a Montessori school do you find most appealing?  
\_\_\_\_\_  
\_\_\_\_\_

What aspects of a Montessori school would you like to know more about?  
\_\_\_\_\_  
\_\_\_\_\_



**MCHD is an accredited Montessori school. All teachers use a nationally accepted Montessori curriculum, and our school follows the principles and practices of the American Montessori Society (AMS) in all aspects of its work. As part of this Application, one or both parents are required to observe an MCHD classroom for at least one hour. Call the MCHD office at (919) 489-9045 to schedule an observation appointment.**

**Parent Signature**

The undersigned hereby make formal application for my child to enter Montessori Children's House of Durham and enclose the non-refundable fee of \$100.00. We understand that an application is considered complete when:

- ◆ At least one of the parents or guardians has observed a classroom for an hour or more
- ◆ This application has been submitted to the MCHD office
- ◆ The \$100 application fee has been submitted

We understand that MCHD relies on the information contained in this Application for admissions decisions and, therefore, any inaccuracies or omissions will be grounds for MCHD to initiate replacement of this child at any time, if admitted.

Signature Parent/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_ Signature Parent/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_