

Inquiry Form

Please fill out the information below to inform us of your interest in the Children's House. We will add you to our mailing list & contact you about upcoming admissions events!

Child's name	Gender	Nickname
Child's date of birth		Desired year of entrance (child must be 2 years 9 months)
Previous school or childca	re experience includ	ling early intervention programs
Desired Program (Please c	heck one):	
Half-day morning progra Full day program (8:00-3:		
Family Information:		
Parent/Guardian		Email Address
Physical Address		Mailing Address (if different)
Cell Phone		Home Phone (if different)

MCHN admits children and families of any race, religion, cultural heritage, political beliefs, marital status, sexual orientation or disabilities.

Parent/Guardian	Email Address
Physical Address	Mailing Address (if different)
Cell Phone	Home Phone (if different)
Please list siblings and birth dates:	
Additional Information:	
How did you hear about Children's House	9\$
What interests you about the Children's H	ouse and the Montessori philosophy?
Do you have any questions about the pro	ogram?

Admissions Process:

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