



CAYUGA HEIGHTS MONTESSORI HOUSE

605 The Parkway
Ithaca, New York 14850
(607) 257-5399
www.chmontessorihouse.com

Application Form For School Year 2010-2011

Date Applied _____

Program: 5 Full Days 9:00 – 3:30 ____ (\$840/mo)
5 Half Days 9:00 – 12:00 ____ (\$645/mo)
Music Together Partnership ____ (\$15/mo)(Optional depending
on consensus)

Name of Child _____

Date of Birth _____ Place of Birth _____

Male__ Female__

Parent(s) or Caregiver(s): _____

Student's Home

Address: _____

Home Phone: _____

Mothers Information:

Name _____

Address: _____ E-mail _____

Home Phone _____ Work Phone _____

Cell Phone _____ Employer _____

Fathers Information:

Name _____

Address: _____ E-mail _____

Home Phone _____ Work Phone _____

Cell Phone _____ Employer _____

Financial responsibility for the student's tuition will be assumed
by: _____

Relationship: _____

Address:(if different from above): _____

Your child's present school or school program:

Health

Describe your child's general health _____

Is your child out of diapers and using the toilet on his/her own? If not, at
what point is your child learning to use the toilet?

Has your child ever had a serious illness, injury, or
hospitalization? _____

Is your child currently receiving any medication? If so, please
list: _____

Does your child have any allergies? If so, please
list: _____

Has your child had any specialized tests or evaluations? If so, please list:

Evaluation: _____ Administered by _____

Evaluation: _____ Administered by _____

Languages Spoken

Primary language spoken at home _____ %of time spoken _____

Secondary language spoken at home _____ % of time spoken _____

If English is not your child's primary language, please describe your child's proficiency in English.

Child does not speak English

My Child is beginning to learn English and knows a few words

My Child can use complete sentences in English

Mother's Primary Language _____ Other languages _____

Father's Primary Language _____ Other languages _____

Languages spoken by other adults in the home _____

Miscellaneous

Please describe your interest in The Cayuga Heights Montessori House and your goals for your child's education:

Why have you chosen a Montessori School?

Please tell us about your child:

Please tell us about your family:

Please tell us about your child's past school experience:

How did you learn about The Cayuga Heights Montessori House?

What are your child's major interests at this time?

Please describe your child's social relationship with other children and adults?

I understand that I am submitting this application for consideration of the enrollment of my child. I further understand that when my child is accepted and placed in the program I am responsible for the full school years tuition.

Signature _____ Date _____

Your application is regarded as a formal request for consideration of your son or daughter as a potential student of The Cayuga Heights Montessori House.

The Cayuga Heights Montessori House welcomes and considers all applications without regard to race, religion or ethnic background.

For office use only:

_ Application _____

_ School tour _____

_ Observation _____

Status:

_ Wait List Date _____

_ Placement Offered Date _____

_ Enrolled Date _____

Tuition

First Month _____ Date _____

Last Month _____ Date _____

Notes: