



# CAYUGA HEIGHTS MONTESSORI HOUSE

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

## Application Form For School Year 2011-2012

Date Applied \_\_\_\_\_

Program:    5 Full Days 9:00 – 3:30    \_\_\_\_\_ (\$887/mo)  
              5 Half Days 9:00 – 12:00    \_\_\_\_\_ (\$686/mo)

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: