



Montessori Children's House

Application for Admission

Child's Full Name: _____

Date of Birth: _____

Mother's Name/Guardian: _____

Occupation: _____

Father's Name/Guardian: _____

Occupation: _____

Home Address: _____

City: _____ Zip Code: _____

Home Telephone Number: _____

Cell or Work Number: _____

Best Time to Call: _____

E-Mail Address: _____

Applying For: Toddler (18mo – 3yrs) Elementary (6 – 12 yrs)

Preschool (3 – 6yrs) Extended Care

Child Lives With (List family members with names and ages of siblings)

Previous School(s) Attended: _____

What are the interests of your child? _____

Has your child had many opportunities to be with other children? _____

Each child is unique. How would you characterize your child? _____

How did you learn about the school? _____

Please Mail or Fax Completed Application to:

3420 Clayton Road East | Fort Worth, Texas 76116

Phone: 817.732.0252 or 817.732.8480 | Fax: 817.732.6601

info@mchfw.com