



Applying for year 20 _____

- Program A - morning
- Program B - am; full Fri
- Program C - all day
- Program D - junior elem
- Program E - senior elem
- Extended care
 - A.M. only
 - P.M. only
 - Both A.M./P.M.
 - As needed

THE
Montessori Children's House
 OF HYDE PARK
 2416 W. Cleveland St.
 Tampa, Fl 33609
 813.354.9511

application

APPLICATION PROCEDURE

1. Attend a morning orientation meeting.
2. Submit application with a non-refundable \$50.00 fee.
3. Schedule a screening for your child and an appointment for yourself with the Director of Education.
4. Acceptances are made no later than 3/25.
5. Upon acceptance, a \$100.00 enrollment fee and \$500.00 deposit are due within 10 days, along with your contract. Both are non-refundable for any reason.
6. Priority registration is given to existing students and their siblings.

CHILD

First _____ Middle _____ Last _____

Birth Date _____ Age in years and months as of 9/1 of year of application _____ Male Female

Prev. School _____ Duration _____

Prev. School _____ Duration _____

Prev. School _____ Duration _____

Signature of Parent or Guardian _____

Date _____

Reason for applying to MCH: _____

- _____
- _____
- _____

MOTHER

Name _____

Address _____

City, State, Zip _____ Home Phone _____

Occupation _____

Business Address _____

Cell _____ Business Phone _____

FATHER

Name _____

Address _____

City, State, Zip _____ Home Phone _____

Occupation _____

Business Address _____

Cell _____ Business Phone _____

SIBLINGS

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
_____	_____

GRANDPARENTS

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
<input type="checkbox"/> please send newsletter to grandparents	<input type="checkbox"/> please send newsletter to grandparents

HEALTH

Pediatrician's Name _____

Address _____

Phone _____

Allergies _____

Restrictions/Special Needs _____

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____