

International Montessori School



Rotselaerlaan 1, 3080 Tervuren

APPLICATION FOR ADMISSION

CHILDREN'S HOUSE: AGES 3 TO 6 YEARS OLD

For school year 20 / 20

Part 1:

Name of the Child:

last

first

middle

Date of birth:

Place of birth:

Nationality:

Sex: Male or Female

PHOTO

Religion:

Native Language:

Second language (s):

.....

montessori-tervuren@online.be
www.international-montessori.org

Family:

Father's full name:

Mother's full name:

Address:

.....

Home ph. no. Work ph. no.

Mobile ph. no. Mobile ph. no.

E-mail:

CHOICE OF PROGRAM:

For 3 year olds:

Option B: 5 mornings only ()

Option C: 2 full days being Monday and Tuesday + 3 mornings ()

2 full days being Thursday and Friday + 3 mornings ()

Option D: 4 full days and Wednesday mornings ()

For 4 year olds:

Option C: 2 full days being Monday and Tuesday + 3 mornings ()

2 full days being Thursday and Friday + 3 mornings ()

Option D: 4 full days and Wednesday mornings ()

For 5 year olds:

Option D: 4 full days and Wednesday mornings

()

Please note that:

- The full time program is designed for children who do not need an afternoon-nap anymore.
- Children can change program during the course of the school year. An additional Tuition Contract will be made accordingly.

In combination with:

G 1:	Regular afternoons from 15.00 to 17.15 Please indicate days of the week:	
H:	Irregular After School Hours from 15.00 onwards Per hour	
I:	Holiday Camps during specific holiday weeks: (Minimum 10 children)	
J:	Violin Instruction for Children's House: Trial Period of 1 term: € 21 x amount of weeks	
	Per school year:	
	Violin Hire:	
K:	Councilor: Additional Individual help	
M:	Bus Service Zone A: Neighbouring Commune: One way Return	
	Zone B: Non neighbouring communes: One way Return	
	Zone C: Further a field:	
	Please note: Route, Pick-up times and availability depend on the addresses of families participating.	

PART 2:

<u>Siblings:</u>	Name:	Age:	School currently attending:
.....
.....
.....

DEVELOPMENTAL HISTORY:

History of Pregnancy:

.....

Infant History:

.....

Activity level and temperament:

.....

.....

Medical History:

.....

.....

DEVELOPMENTAL MILESTONES:

Age at which your child was able to do the following:

Walk:.....

Speak sentences:

Eat independently:.....

Dress him/herself independently:.....

CURRENT ABILITIES AND HEALTH:

Current medication:

Allergies:

Activity level:

Sleep:

Eating:

Toilet learning activity level:

Interaction with others:

Is the child currently attending a Preschool or Day Care center:
.....

Does your child have developmental or learning disabilities:
.....

FAMILY HISTORY:

How long have you lived in Belgium:
.....

In which other country(ies) did the child live and for how long:
.....
.....

Health / Illnesses:
.....

Other information:
.....
.....

SIGNATURE: DATE: