

# International Montessori Children's Centre



**Mechelsesteenweg 79, 1933 Sterrebeek**

## 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](mailto:montessori-tervuren@online.be)  
[www.international-montessori.org](http://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 after consultation with the teachers and the administrator. An additional Tuition Contract will be made accordingly.

**IN COMBINATION WITH :**

<b>G 1:</b>	Regular afternoons from 15.00 to 17.15 Available at Tervuren location: Rotselaerlaan 1 Please indicate days of the week:	
<b>I:</b>	Holiday Camps during specific holiday weeks: (Minimum 10 children)	
<b>J:</b>	Violin Instruction for Children's House: Trial Period of 1 term: € 21 x amount of weeks	
	Per school year:	
	Violin Hire:	
<b>K:</b>	Councilor: Additional Individual help	
<b>M:</b>	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 your child live and for how long:  
.....  
.....

Health / Illnesses:  
.....

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

SIGNATURE: ..... DATE: .....