

International Montessori Children's Centre



Mechelsesteenweg 79, 1933 Sterrebeek

APPLICATION FOR ADMISSION

TODDLER COMMUNITY: WALKING AGE TO 3 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-sterrebeek@skynet.be
www.international-montessori.org

Family:

Father's full name: _____ Mobile ph. no: _____

Work ph. no: _____

Mother's full name: _____ Mobile ph. no: _____

Work ph. no: _____

Address: _____

Home ph. no: _____ E-mail: _____

CHOICE OF PROGRAM

Option A: 4 mornings per week ()

Option B: 5 mornings per week ()

Option C: 2 full days and 3 mornings ()

Option D: 4 full days and Wednesday morning ()

Option E 1: 2 1/2 full days ()

Option E 2: 3 full days ()

Option E 3: 4 full days ()

Please note that children can change program during the course of the school year. An additional Tuition Contract will be made accordingly.

In combination with:

G:	After School Hour Program: Regular afternoons from 15.00 to 18.00 hrs. Please indicate days of the week:	
H:	After school Hour Program: Irregular After School Hours from 15.00 hrs. onwards Per hour	
I:	Holiday Camps during specific holiday weeks: (From age 2 ½ onwards)	

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: