

# 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](mailto:montessori-sterrebeek@skynet.be)  
[www.international-montessori.org](http://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:**

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



## **PART 2:**

**SIBLINGS:** 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: .....