

International Montessori Centre



Molenweg 4, 1970 Wezembeek-Oppem

APPLICATION FOR ADMISSION

CHILDREN'S HOUSE: AGES 2 1/2 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):

.....

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:

For 2 & 3 year olds:

Option B: 5 mornings per week ()

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 ()

Option E: 5 full days ()

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 ()

Option E: 5 full days ()

For 5 year olds:

Option D: 4 full days and Wednesday mornings ()

Option E: 5 full days ()

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 :	After School Hour Program: Regular afternoons from 15.00 to 18.00 Available onsite in the gym room Please indicate days of the week:	
H:	After School Hour Program: Irregular After School Hours from 15.00 onwards Per hour / Invoiced Bimonthly	
I:	Holiday Camps during specific holiday weeks:	
J:	Violin Instruction: Trial Period of 1 term: € 22 x amount of weeks	
	Per school year:	
	Violin Hire:	
	Piano Instruction: Trial Period of 1 term: € 22 x amount of weeks	
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:

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 centre?

.....

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: