



Application Form

School Year _____ - _____ Infant Community Primary Elementary

Child

 First Middle Last

 Birthdate M/F

 Home Address

 City State Zip

 Home Phone E-Mail

Names / Ages of Siblings

Is another child in your family applying? Yes No

Relatives who are attending or have attended Petoskey Montessori Children's House

How did you become interested in Petoskey Montessori Children's House?

Mother / Guardian

Father / Guardian

 Full Name

 Full Name

 Home Address

 Home Address

 Occupation / Educational Background

 Occupation / Educational Background

 Home Phone Work Phone

 Home Phone Work Phone

The following information will enable us to get to know your child better.

What is your experience with Montessori Education?

What educational goals do you have for your child? How do you see PMCH assisting you in meeting these goals for your child?

What role can we expect from the student's parent (s) / guardian (s) to play in facilitating this child's educational goals?

How would you describe your child's personality and learning style?

What do you see as your child's greatest strengths?

In what areas would you like to see your child's potential more fully developed?

How does your family enjoy spending time together?

Specify any special education, physical or emotional needs of your child.

Signature of Parent / Guardian _____ Date _____

Enrollment is open to any child, regardless of sex, race, or religion.

Petoskey Montessori Children's House
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