



"Ivy Hollow" 1630 Thomas Road, Wayne PA. 19087

610-783-0110

e.mail: [ggutteridge@mchvf.org](mailto:ggutteridge@mchvf.org)

### APPLICATION FOR ADMISSION

(Please type or print)

Date: \_\_\_\_\_

Name of Child \_\_\_\_\_  
(first) (middle) (last)

Home Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone: \_\_\_\_\_  
(month/day/year) E:Mail: \_\_\_\_\_

Date desired for admission \_\_\_\_\_

Age child will be on September 1st \_\_\_\_\_ (months & years)

Program requested: \_\_\_\_\_  
Montessori Readiness 2 x (AM) Tues.Thurs. (child must be 25 months by Sept. 1<sup>st</sup>)  
Montessori Readiness 3 x (AM) Mon.Wed.Fri.

\_\_\_\_\_  
AM – (child must be 3 by Sept 1<sup>st</sup>)

\_\_\_\_\_  
Pre-K (child must be 4 by Sept. 1<sup>st</sup>)

\_\_\_\_\_  
Kindergarten (child must be 5 by Sept. 1<sup>st</sup>)

\_\_\_\_\_  
Parent and Toddler (ages 12 – 24 months)

After school care needed \_\_\_\_\_  
Yes No

Previous school and dates of attendance \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Business address: \_\_\_\_\_

Does child live with one or both parents? \_\_\_\_\_

Names & ages of siblings: \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_

Other languages the child regularly comes into contact with: \_\_\_\_\_

\_\_\_\_\_

Health, general condition: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_

Dislikes or fears of child: \_\_\_\_\_

Has the child ever been left in the care of others? \_\_\_\_\_

Has the child ever been away from home without parents? \_\_\_\_\_

Does the child nap? \_\_\_\_\_ How many hours per day? \_\_\_\_\_

Additional comments about the child, please list any information not requested that could be helpful in providing proper guidance for your child. \_\_\_\_\_

\_\_\_\_\_

How did you find out about our school? \_\_\_\_\_

Father's signature \_\_\_\_\_

Mother's signature \_\_\_\_\_

The above information is needed to know your child better. Records about the student and his classroom performance are not released to anyone without written consent of parents. Before your interview, please return the completed application together with the non-refundable application fee of \$50.00 to M.C.H.V.F., P.O Box 687, Southeastern PA. 19399-0687 (Street address – Ivy Hollow Farm, 1630 Thomas Road, Wayne PA. 19087)

Please note that our admission process is based on your date of application. Siblings are given priority, as are children moving from an accredited Montessori school. Also, as a Montessori school we must try to balance our 3-6 classes with equal numbers of 3's, 4's and 5's and girls and boys.