

Application



Montessori Children's House
518 Lloyd Avenue
Providence, RI 02906
(401) 331-6120 (p)
(401) 331-0437 (f)

For office use only.

P1 P2 P3 E1 E2 E3

Date application received:

Date of tour:

Please place a photo of your child here.

Name of applicant: _____

Date of birth: _____

Name(s) of parents/guardian(s): _____

Primary Address: _____

_____ Phone: _____

Parents' Professions: _____

Parents' E-mails: _____

Is your child in daycare or an organized playgroup now? If yes, please describe. If not, what experiences has s/he had with other children?

What does your child like to do?
