



## Children's House at Holly Hill Montessori APPLICATION FOR ADMISSION

Date of application: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male/Female

Date of Birth: \_\_\_\_\_ Child's Current Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name of **Father**: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment/Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of **Mother** : \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment/ Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Marital Status: Single Married Divorced Widowed Separated

Legal Custodian of Child: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

How did you learn about Children's House at Holly Hill? \_\_\_\_\_

Child's previous experience: \_\_\_\_\_

Indicate any medical concerns or other conditions affecting child:

Please check desired hours of attendance:

- 8:30 – 12:15 (Half-day)
- 8:30 – 3:30 (Full-day) \*Required for children 4 years old and older
- 3:30 – 4:30 PM (Afternoon Care)
- 3:30 – 5:30 PM (Extended care)

**Submit \$50 non-refundable fee with this application**  
19137 Mateny Hill Road, Germantown, MD 20874 (240) 246-0547