

SPRING VALLEY MONTESSORI ACADEMY, LLC

5144 Massachusetts Avenue

Bethesda, Md. 20816

202-316-2200

www.springvalleymontessoriacademy.org

APPLICATION FOR ADMISSION

Child's Information

Child's Full Name _____

Child's common or nickname _____ Sex: ___ male ___ female

Date of Birth ____/____/____ Is your child toilet trained? _____
Month Day Year

Please indicate desired program below.

- If you are flexible on the days, please indicate your first and second choice. Simply note your choices in the left-hand column by writing 1st and 2nd.
- If your child won't be two by September 1st and has a fall/winter birthday, we offer mid-year placement. Simply write a note on application- include month/year you would plan to enroll & mark your preferred days below.

Morning Program

Children Ages 2 to 5 Years & Mid-Year Placement for "Soon to be Two's " (fall/winter birthday)

DAYS	HOURS
_____ Tuesday/Thursday	9:00 -12:00
_____ Monday, Wednesday & Friday	9:00 – 12:00
_____ Monday through Friday	9:00 – 12:00

Afternoon Enrichment & Lunch Bunch 12:00 to 1:30

_____ Monday	Super Scientists
_____ Tuesday	Adventures in Art
_____ Wednesday	Music & Creative Movement
_____ Thursday	Drama & Story Telling
_____ Friday	Sports & Games

EARLY BIRDS

_____ 8:30 to 9:00 am

Family Information

Parent's Name

Address

Cell Phone

Email

Occupation

Employer

Employer

Address

Business Phone

Names and Ages of Siblings

Describe your child's strengths and interests.

Describe any social, emotional, allergies or physical needs your child may have.

How did you learn about Spring Valley Montessori Academy?

Primary language spoken at home:

Parent's Name

Address

Cell Phone

Email

Occupation

Employer

Employer

Address

Business Phone

Please enclose a \$50.00 non-refundable application fee with this application.

Signature of Parent

Date

Office Use

Application and Fee Received

____/____/____ Check # _____

Refund Policy: All payments and fees are non-refundable.