



SPRING VALLEY MONTESSORI ACADEMY, L.L.C.
5144 Massachusetts Avenue
Bethesda, Maryland
202-316-2200
www.springvalleymontessoriacademy.org

Child's Information

Child's Full Name: _____

Child's common or nickname _____ Sex male female

Date of Birth _____/_____/_____ Is your child toilet trained? _____

Please Check Desired Program:

<u>Days</u>	<u>Time</u>
_____ Tuesday & Thursday	9:00 –12:00
_____ Monday, Wednesday, & Friday	9:00 – 12:00
_____ Monday through Friday	9:00 – 12:00

Enrichment Programs:

<u>Day</u>	<u>Program</u>	<u>Time</u>
_____ Monday	<i>Music, Movement, & More</i>	12:00 - 1:30
_____ Tuesday	<i>Music, Movement, & More</i>	12:00- 1:30
_____ Wednesday	<i>Adventures thru Art</i>	12:00- 1: 30
_____ Thursday	<i>Intro to Sports and Games</i>	12:00 -1:30
_____ Mon. – Fri.	<i>Early Birds</i>	8:30 - 9:00

Parent's Information:

Name _____

Address _____

Home Phone _____

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:

Parent's Information:

Name _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

Occupation _____

Employer _____

Employer Address _____

Business Phone _____

How did you learn about Spring Valley Montessori Academy?

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

Signature of Parent Date

Office Use

Application and Fee Received

_____/_____/_____ Check # _____