### SPRING VALLEY MONTESSORI ACADEMY, LLC

#### 5144 Massachusetts Avenue Bethesda, MD 20816

202-316-2200

www.springvalleymontessoriacademy.org

### APPLICATION FOR ADMISSION

## Child's Information

\_Monday

\_Tuesday

Wednesday

Thursday

Friday

**EARLY BIRDS** 

Cilia's information	
Child's Full Name	
Child's common or nickname	Sex:malefemale
Date of Birth// Is your cl	hild toilet trained?
<ul> <li>Please indicate days desired below.</li> <li>If you are flexible on the days, pleat choice. Simply note your choices in 1<sup>st</sup> and 2<sup>nd</sup>.</li> <li>If your child won't be two by Septemberth birthday, we offer mid-year placent application- include month/year your preferred days below.</li> </ul>	n the left-hand column by writing ember 1 <sup>st</sup> and has a fall/winter nent. Simply write a note on
MORINING 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
Lunch Bunch "with a bit of play"	12:00 -12:45
AFTERNOON ENRICHMENT	12:00 - 2:00

Sensational Builders

Artists at Work

Sports & Games

8:15 am to 9:00 am

Music & Creative Movement

Creative Drama & Story Telling

# Family Information

Parent's Name	Parent's Name
Address	Address
Cell Phone	Cell Phone
Email	Email
Occupation	Occupation
Employer	Employer
Employer Address	Employer Address
Business Phone	Business Phone
Names and Ages of Siblings	
Describe your child's strengths and interests.	Please enclose a \$50.00 non-refundable application fee with this application.
Describe any social, emotional, allergies or physical needs your child may have.	Signature of Parent Date
How did you learn about Spring Valley Montessori Academy?	Office Use Application and Fee Received/Check # Refund Policy: All payments and fees are non- refundable.
Primary language spoken at home:	