



**UNIVERSITY MONTESSORI SCHOOL**  
**1034 Reservoir Road**  
**Charlottesville, VA 22903**  
**www.universitymontessori.org**  
**ums@universitymontessori.org**  
**434.977.0583**

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**APPLICATION**

Child's name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender: Male Female Nonbinary

Home address: \_\_\_\_\_

City/zip code \_\_\_\_\_

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Parent/s name/s: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

\_\_\_\_\_

Cell phone/s: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_

Work address: \_\_\_\_\_

\_\_\_\_\_

Work city/zip: \_\_\_\_\_

\_\_\_\_\_

Work phone/s: \_\_\_\_\_

\_\_\_\_\_

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Siblings and ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Schools or Child Care Experience/s:

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Language/s spoken in the home: \_\_\_\_\_

Chronic physical problems, allergies, etc.:

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Please give us a sense of your child's growth and development so far, as well as any other information that may be useful for us to know (premature birth, speech delays, etc.):

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Please check desired schedule:

Preschool (M – F)

Kindergarten

\_\_\_\_\_ 8:30 – 1:00

\_\_\_\_\_ 8:30 – 3:30 Monday – Friday

\_\_\_\_\_ 8:30 – 3:30

\_\_\_\_\_ I am interested in Before Care (8-8:30, M-F) for my child.

\_\_\_\_\_ I am interested in After Care (3:30 - 5:30, M-F) for my child.

Scholarship information is available online. Scholarship applications are due by March 31<sup>st</sup> of the year prior to your child's enrollment.

University Montessori School does not discriminate on the basis of race, religion, sexual orientation, gender identification, or national ethnic origin.

Please return Application with \$35 non-refundable fee payable to:

University Montessori School  
1034 Reservoir Road  
Charlottesville, VA 22903

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

<u>Office Use Only</u>
Start Date: _____
Date Withdrawn: _____