

**The Glen Montessori School**  
500 Huntington Avenue  
Pittsburgh, PA 15202  
Phone: 412-766-3815 Fax: 412-766-3816

**Application for Registration and Admissions**

*Please complete both pages of the application*

How did you hear about The Glen? \_\_\_\_\_

If someone referred you, please tell us who: \_\_\_\_\_

Were there any circumstances of the pregnancy or birth of this child that may have a bearing on their future development? \_\_\_\_\_

Does your child have special needs? \_\_\_\_\_

Do you have an IEP for this child? \_\_\_\_\_

Does your child have any medical problems, now or in the past? \_\_\_\_\_

For his or her ages, is the child...       Dependent?       Independent?

Has the child experienced separation from the parent and/or guardian? \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_

Does the child nap? \_\_\_\_\_ At approximately what time? \_\_\_\_\_ How long? \_\_\_\_\_

Does the child engage in cooperative play? \_\_\_\_\_

Does the child...       Lead?       \_\_\_\_\_ Follow?       \_\_\_\_\_ Parallel play?

Does the child spend time with...  
 \_\_\_\_\_ Friends?       \_\_\_\_\_ Siblings       \_\_\_\_\_ Mother  
 \_\_\_\_\_ Father?       \_\_\_\_\_ Him/herself?       \_\_\_\_\_ Books?       \_\_\_\_\_ Music?

Has the child indicated that he/she may be left-handed? \_\_\_\_\_

Does the child dress him/herself? \_\_\_\_\_

Can the child identify colors? \_\_\_\_\_

Has the child been taught anything relating to...       \_\_\_\_\_ Reading?       \_\_\_\_\_ Numbers?

What form of discipline is used with this child? \_\_\_\_\_

Please relate six (6) adjectives to describe this child: \_\_\_\_\_

***A fifty dollar (\$50) non-refundable processing fee is required for each application.***

\_\_\_\_\_  
**(Parent or Legal Guardian)**

\_\_\_\_\_  
**(Date)**

*Admissions, the provision of services and referrals of students shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex.*

## Application for Registration and Admission

*Please complete both pages of the Application*

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Child's Address: \_\_\_\_\_

Preferred Contact: \_\_\_\_\_  
(Phone #) (Mother/Father's)

Birth Information: \_\_\_\_\_  
(Month/Day/Year) City/State

Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

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

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

Mother's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

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

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

School District: \_\_\_\_\_

Previous School: \_\_\_\_\_  
(Name/Location) (Dates Attended) (Montessori)

Siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Names) (Birth Dates)

*Select the session you are interested in enrolling?*

### **Ages 3-6**

AM Primary (8:30 – 11:30 am)  PM Primary (12:15 – 3:15 pm)  Extended Day (Kdg) (8:30 – 3:15 pm)  All Day Montessori (8:00 – 5:30 pm)

### **Ages 18 months to 36 Months**

2-Day Toddler  3-Day Toddler  5-Day Toddler  All Day Toddler

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