



JUNIUS HEIGHTS MONTESSORI SCHOOL

6028 Worth Street- Dallas, Texas 75214 Tel: 214. 370. 3341

E-mail: admin@juniusheightsmontessori.com

www.juniusheightsmontessori.com

ADMISSIONS PROCEDURE

- 1- Call the director to set up a visit of the school.
- 2- Parents who are interested in applying to the school may request an application form upon completion of the school visit or download it from the website.
- 3- Fill out the application form and return it to:

Junius Heights Montessori School
6028 Worth Street
Dallas, TX 75214
- 4- After the application has been reviewed, we will contact you to set up an observation date for your child to meet with the guide.
- 5- Upon acceptance, a non- refundable registration/supply fee of \$200 is due with the enrollment agreement to hold your child's place at the school.



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APPLICATION FOR ADMISSION

Application for enrollment in: (Month) _____ (Year) _____

Programs: _____ Toddler Community (M-F) _____ After School Care (M-F)

***All JHMS Programs are Monday through Friday.**

STUDENT'S INFORMATION

Child's Last Name _____	Middle Name _____	First Name _____
Name Called _____	Gender _____	Current Age _____
Date of Birth _____	Ethnicity (Optional) _____	
Street Address _____		
City, State, Zip Code _____		
Home Telephone Number _____		
Child Lives with:	Both Parents _____	Mother _____
	Father _____	Guardian _____

FAMILY INFORMATION

Mother's Name _____		
Home Address _____	City, State, Zip Code _____	
Home Phone _____	Cellular Phone _____	
E-mail Address _____		
Occupation _____	Employer _____	Job Title _____
Office Phone _____	In case of Emergency, how should we contact you? _____	



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FAMILY INFORMATION (cont.)

Father's Name _____	
Home Address _____	City, State, Zip Code _____
Home Phone _____	Cellular Phone _____
E-mail Address _____	
Occupation _____	Employer _____ Job Title _____
Office Phone _____	In case of Emergency, how should we contact you? _____

Guardian's Name _____		Relationship to child _____
Home Address _____	City, State, Zip Code _____	
Home Phone _____	Cellular Phone _____	
E-mail Address _____		
Occupation _____	Employer _____	Job Title _____
Office Phone _____	In case of Emergency, how should we contact you? _____	

Names of Brothers and Sisters:		
Name _____	Age _____	School _____
Name _____	Age _____	School _____
Name _____	Age _____	School _____



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PHYSICAL DEVELOPMENT

Child's Birth: Term _____ Premature _____ Adopted _____ Trauma at Birth _____

Early Illnesses _____

Rolled Over (months) _____ Crawled (months) _____ Walked (months) _____

Named Objects (months) _____ Formed Sentence (months) _____

Speech Problems: _____ Any Diagnosis? _____

Treatment? _____

Toilet Learning (months) _____

Eating Habits _____

Sleeping Habits:

Falls asleep easily _____ Falls asleep with difficulty _____

Difficulty sleeping through the night _____ Difficulty waking _____

How does your child appear in his/her movements? Coordinated _____ or Uncoordinated _____



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MEDICAL HISTORY

_____ Eczema or other skin condition _____

_____ Drug Allergies _____

_____ Food Allergies _____

_____ Other Allergies (explain) _____

_____ Asthma _____

_____ Other Respiratory Problems _____

_____ Ear Infections _____

_____ Hearing Problems _____

_____ Headaches _____

_____ Stomachaches _____

_____ Seizures or Convulsions? _____

_____ Vision Problems _____

_____ Clubfoot or other orthopedic Problems? _____

_____ Hospitalizations, Operations or Injuries? _____

_____ Medications _____

Does your child have any special need? _____

If yes, please explain _____



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FAMILY LIFE

Has your child separated from you prior to this time? Yes _____ No _____

Who, beside yourself, is entrusted with the care of your child? _____

_____ Number of hours _____

How much time does your child spend with other children? _____

How does your child relate to siblings? _____

How does your child respond to groups? _____

Where will your child spend the non-school hours? _____

What is your child's first language? _____ Second language? _____

Do others easily understand your child's speech? Yes _____ No _____

How does your child handle frustration? _____

What approach to discipline do you use? _____

Please list any discipline problem (s) your child may be experiencing at this time _____

How is the problem (s) being handled? _____

What activities does your child particularly enjoy? _____

How much time does your child spend watching television? _____



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GENERAL INFORMATION

How did you become familiar with the Montessori approach to education? _____

Why would you like to enroll your child in a Montessori School? _____

Where or from whom did you first learn about Junius Heights Montessori School? _____

Having read our "Mission Statement, how does the mission match your family values? _____

What aspects of your child's development would you like most to see the school develop? _____

Please return the application to 6028 Worth Street, Dallas, TX 75214. Subsequent to our receipt of the application, an interview with parents and child will be arranged, and your child will be placed on our waiting list. When an opening becomes available, parents will be notified of acceptance and the non-refundable registration fee of \$200 shall be paid.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

School visit date _____ Date application received _____

Interview date _____ Date entered on waiting list _____

Date registration fee paid: _____ Date enrolled _____