



LEWIS & CLARK  
MONTESSORI  
CHARTER SCHOOL

**Children’s House Enrollment Application 2019-2020**

Today’s Date \_\_\_\_\_ I am applying for enrollment for \_\_\_ Fall 2019 \_\_\_ Winter 2020

Students Name \_\_\_\_\_ Gender: M      F      X

Date of Birth (mmddyyyy) \_\_\_\_\_ Current age \_\_\_ years \_\_\_ months

Schedule: Half Day \_\_\_\_\_ or, Full Day \_\_\_\_\_

Older Sibling(s) attending LCMCS? \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Emails: \_\_\_\_\_

**We request that parents of all applicant students make an appointment to visit the school and observe the classroom before enrollment. Please call 503.427.0803 to make your appointment**

Has your child had experience in a Montessori classroom before? Y      N      If so, at what age(s)? \_\_\_\_\_

How did you hear about LCMCS Children’s House? \_\_\_\_\_

Has your child attended another preschool program before? Y      N

If yes, please let us know the type, number of days/hours, etc \_\_\_\_\_

Has your child received Early Childhood Services? Y      N

If so, what services did your child receive? \_\_\_\_\_

*If your child is currently on an Individual Education Plan (or an IFSP) we will request that a placement meeting with your home school’s IEP/IFSP team take place and that you request Tami O’Kinsella, Director of Education, attend that meeting to work out the servicing of your child’s IEP/IFSP accommodations to ensure a successful transition.*

Why have you chosen Montessori education for your child? \_\_\_\_\_

Sharing some important information about your child will help us better understand his or her needs:

Please list some of your child’s special interests \_\_\_\_\_

\_\_\_\_\_



LEWIS & CLARK  
MONTESSORI  
CHARTER SCHOOL

**Children’s House Enrollment Application (Continued...)**

How would you describe your child’s temperament, personality, or strengths in about 5-6 descriptors?

---

---

Please list any significant illnesses, injuries or conditions that your child has or has had \_\_\_\_\_

---

Has your child experienced any significant losses or traumatic events? Please provide a brief description:

---

---

Prescription medications given at school must be current and a Medication Authorization Form is required per each medication. Forms can be obtained from the office.

Every student at Lewis & Clark Montessori Charter School will be given equal educational opportunities regardless of age, sex, sexual orientation, gender identity, race, religion, color, national origin, disability and marital status. Lewis & Clark may not limit student admission based on ethnicity, national origin, race, religion, disability, gender, income level, proficiency in English language or athletic ability, but may limit admission to students within a given age group or grade level.

*Lewis & Clark Montessori Children’s House is a fee-based private program and enrollment is not a guarantee for enrollment in the Charter School. All new Kindergarten students must go through Lewis & Clark Montessori Charter School’s Lottery for enrollment.*

---

Parent/Guardian Signature & Date

---

Parent/Guardian Signature & Date

15600 SE 232<sup>nd</sup> Drive  
Damascus, Oregon 97089  
Ph: 503.427.0803 Fax: 503.855.3017

PO Box 365  
Gresham, Oregon 97030  
[info@LCMCS.org](mailto:info@LCMCS.org)