



Internship Application

Thank you for your interest in the Parkside Summer Internship Program!

At Parkside Community Montessori, we believe that education flourishes within a caring and supportive community. Our mission is to build meaningful connections with families and foster collaborative partnerships that enrich every child's learning journey. Together, we create an environment where children feel valued, families feel connected, and the joy of discovery is endless. We are an inclusive Montessori school committed to providing a nurturing environment where every child thrives.

We're excited to offer high school students a meaningful opportunity to explore early childhood education, gain hands-on experience, and build valuable skills. As part of our internship, you'll receive training, engage with our Montessori classrooms, and become a part of the Parkside community. Please complete the application below to help us learn more about you and your interests. We look forward to getting to know you!

Please complete the application below, and we will be in touch soon.

Personal Information

Full Name: _____ Preferred Name (if different): _____

Address: _____

City, State, ZIP: _____

Email: _____ Phone: _____

Date of Birth: _____ Grade (as of Fall 2025): _____

School Currently Attending: _____

Parent / Guardian Information:

Parent / Guardian Name(s): _____

Email: _____ Phone: _____

Email: _____ Phone: _____

Internship Details

Have you previously worked or volunteered with young children?

Yes No

If yes, please describe: _____

Why are you interested in the Parkside Internship? _____

What qualities or experiences do you bring that would make you a great intern?

Are you interested in a part-time position (available for students 16+)?

Yes No Maybe

What dates are you available to participate in the internship (June-August)?

Do you have any scheduled vacations, camps, or other commitments this summer?

Yes No

If yes, please list dates: _____

References:

(Please provide three professional references)

Name: _____

Relationship: _____ Phone/Email: _____

Name: _____

Relationship: _____ Phone/Email: _____

Name: _____

Relationship: _____ Phone/Email: _____

Authorization & Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in my disqualification from consideration.

I understand that this is an unpaid internship program.

I understand that I will be required to complete training modules, including CPR/First Aid, Virginia Preservice Child Care Training, Abuse & Neglect Training, and an Introduction to Montessori course.

I commit to participating fully in the program and being a respectful, responsible member of the Parkside community.

Signature (Student): _____ Date: _____

Signature (Parent/Guardian): _____ Date: _____

Thank you for your application! We will review your information and contact you regarding next steps. If you have any questions, please reach out to us at (703- 232-1154) or visit Parkside-Montessori.com.