

Please Tell Us About Your Child

Was your child's birth experience: typical premature complications If birth experience was other than typical, please explain:

Has your child ever been enrolled in a Montessori Program? Yes No

Has your child had experiences with other children outside of the home? Yes No

If yes, in what capacity? _____
(i.e., siblings, play group, day care, nursery school, other preschool experience, etc.)

If yes, how has your child related to other children? _____

How do you think your child will react to separating from you at drop-off time? _____

Does your child put objects in his/her mouth? Yes No Sometimes

Is your child toilet-trained? in the process of being toilet-trained? not yet toilet-trained

Does your child speak: in words? in sentences? not yet speaking?

Does your child usually respond positively to direction and/or re-direction from adults? Yes No

If no, please explain: _____

What do you think is your child's: most favorable attribute? _____
least favorable attribute? _____

What activity(ies) does your child: most enjoy? _____
least enjoy: _____

In one or two words, please describe your child's personality: _____

Has your child ever seen a physician or other professional for evaluation in any area (i.e., speech, emotional or behavioral development, etc.)?

Yes No If yes, please explain: _____

Is there anything further about your child that you feel we should know? Yes No

If yes, please explain: _____

Please Tell Us About Yourself

Are you familiar with the Montessori Philosophy of early childhood education? Yes No

If yes, please describe your understanding of the Montessori Philosophy: _____

If no, please tell us what interests you about our School: _____

What are your goals for your child in applying for his/her admission to our School? _____

Do you believe that parents and teachers are partners in the educational process and that the program for which you are applying is part of that process? Yes No

Family Engagement

We believe that parents, caregivers and other family members are a vital part of our program and that without your participation and presence, your child's early childhood experience will not be maximized. We welcome and encourage parental involvement wherever and whenever possible. Please indicate below in which area(s) you would be interested in volunteering:

- Field Trip Chaperone Website Maintenance/Internet Presence Lunch Volunteer (12:00-1:00)
 Playground/Facilities Maintenance Classroom Volunteering (storytelling, cooking, etc.) Parent Advisory Group member
 Other Area(s) of Interest (please describe) _____

Please return the Application, along with the \$50 Registration Fee, \$500 Deposit and \$200 GMS Fee.

