



Children's House

Montessori School

Child's Full Name: _____ Date of Birth: _____ Gender: _____

If your child goes by another name/nickname, please note that here: _____

Child's Current Grade: Pre-Kindergarten Kindergarten First Grade Second Grade
 Third Grade Fourth Grade Fifth Grade

Parent Information

Parent / Guardian 1

Relationship to Child: _____

Full Name: _____

Home Address: _____
Street

City State Zip

Email Address: _____

Phone Numbers: Home: _____

Mobile: _____

Work: _____

Employer: _____

Occupation: _____

Does your child live with you full time? Or do you have shared custody? Full Time Shared Custody

Parent / Guardian 2

Relationship to Child: _____

Full Name: _____

Home Address: _____
Street

City State Zip

Email Address: _____

Phone Numbers: Home: _____

Mobile: _____

Work: _____

Employer: _____

Occupation: _____

Does your child live with you full time? Or do you have shared custody? Full Time Shared Custody

Are there other parents or guardians (grandparent, step parent, care giver) that should have access to school information? If yes, please complete this section. If not, please skip this section.

Relationship to Child: _____

Full Name: _____

Home Address: _____
Street

City State Zip

Email Address: _____

Phone Numbers: Home: _____

Mobile: _____

Work: _____

Relationship to Child: _____

Full Name: _____

Home Address: _____
Street

City State Zip

Email Address: _____

Phone Numbers: Home: _____

Mobile: _____

Work: _____

Child and Family Information

What language is primarily spoken in your home? _____

How does your child generally approach a task?

- Tentatively With Curiosity With Excitement

What is your child’s learning style (if you aren’t sure it’s okay)

- Visual Auditory Read/Write Kinesthetic (Touch/Movement)

How does your child generally interact with peers?

- With Shyness Likes to Observe First Enjoys Following Enjoys Being “Part of the Crowd” Prefers to Lead

How does your child generally interact with adults?

- More Shy than with Peers The Same as they do with Peers More Comfortable than with Peers

For children entering Kindergarten, are they able to count to 10 and recognize at some numbers? Yes No

For children entering Kindergarten, do they recognize some letter names and letter sounds? Yes No

What are your child’s areas of Strengths and Weaknesses?

Strengths:

Weaknesses:

What drew you to Montessori Education in general?

What drew you to Children’s House in particular?

For children in Kindergarten or higher, what is causing you to make a change in your child’s schooling?

Has your child been referred for Educational, Behavioral, or Developmental screening? Yes No

Does your child have (or had) an SP, IEP or 504 in place? Yes No

If you answered yes to either of the questions above, please explain, and attach paperwork:

What specific goals do you have for your child? How do you feel our Montessori program will help him/her achieve those goals?

Please list sibling's names, ages and school attending (if applicable):

Please list all previous schools your child has attended.

Name of School	Grades Attended	City/State
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When would you like to begin school at Children's House? _____

Children's House Montessori School will not discriminate on the basis of race, color, national or ethnic origin, religion, gender, sexual orientation or disability. Our school community is built upon respect of one another, no matter our differences, and we expect our students and parents to follow that model. By signing below, you are agreeing to this policy as well as all others outlined in our Parent Handbook (available on our website). You are also agreeing to have your child attend a minimum of two shadow days, and understand that those shadow days are meant to help us determine whether or not Children's House is the best fit for your child's education. Please see the information about Shadow Days in your folder.

Printed Name: _____ Date: _____

Signature: _____

For Office Use Only

School Year Applied For _____ Date Received _____