

**America's Child Montessori  
Application for Admission**

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Month Day Year

Why did you choose a Montessori School for your child? \_\_\_\_\_

What are your short term academic goals for your child? \_\_\_\_\_

What are your long term academic goals for your child? \_\_\_\_\_

How long are you planning on keeping your child in a Montessori program? \_\_\_\_\_

**Personal History**

Type of birth: \_\_\_Normal \_\_\_Premature; any complications? \_\_\_\_\_

What is your child's primary language? English \_\_\_ Other \_\_\_\_\_

Does your child speak English? Yes \_\_\_ No \_\_\_

**Health**

What arrangements can you make for your child if he/she becomes ill at school? \_\_\_\_\_

Are there medications given regularly? No \_\_\_ Yes \_\_\_ Which one(s) \_\_\_\_\_

Any known allergies? (Asthma, Hay Fever, Food Allergies?) No \_\_\_ Yes \_\_\_ If yes explain \_\_\_\_\_

Are there any foods your child cannot eat? \_\_\_\_\_

Is your child toilet trained? Yes \_\_\_ No \_\_\_ Does your child require assistance in using the bathroom? Yes \_\_\_ No \_\_\_

Does the child have frequent toilet accidents? Yes \_\_\_ No \_\_\_ If yes how does the child react to them? \_\_\_\_\_

**Sleeping Habits**

What time does your child go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_ What is the child's mood on awakening? \_\_\_\_\_

Does your child nap? No \_\_\_ Yes \_\_\_

**Social Relationships**

Does the child spend time with both parents? Yes \_\_\_ No \_\_\_ If the parents are separated, how often does your child see the absent parent? \_\_\_\_\_ What is your child's reaction to spending time with the absent parent? \_\_\_\_\_

Has your child had experiences in playing with other children? Yes \_\_\_ No \_\_\_

By nature is your child: Friendly? \_\_\_ Aggressive? \_\_\_ Shy? \_\_\_ Withdrawn? \_\_\_

Has your child ever been in a child care facility? Yes \_\_\_ No \_\_\_; if so, where? \_\_\_\_\_

What makes your child angry or upset? \_\_\_\_\_

How does your child show his/her feelings? \_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_ What do you find is the best way of handling your child? \_\_\_\_\_

Is your child frightened by any of the following: Animals? \_\_\_ Loud noises? \_\_\_ Dark? \_\_\_ Storms? \_\_\_ Other? \_\_\_\_\_