

APPLICATION FOR ADMISSION

Child Information

Child's Name: _____
Last First Middle

Address: _____
Street City Zip

Home phone: _____ Date of Birth: _____ Gender: _____

Previous School Experience:

Montessori: _____
Name/Location/how long?

Other: _____
Name/Location/how long?

Parent Information

Mother: _____
Name

Address (If different than child's) _____
Street City Zip

Home Number: _____ Cell: _____ Work number: _____

Employer: _____ Title: _____

Father: _____
Name

Address (If different than child's) _____
Street City Zip

Home Number: _____ Cell _____ Work number: _____

Employer: _____ Title: _____

Preferred contact email address address(es):

Siblings (names and ages):

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Start date applying for: Month _____ Year _____

Program level applying for:

Toddler House Half-Day (8:30-11:30)

Toddler House Full Day (8:30-3:00)

Primary Half-Day (8:30 – 11:30)

Primary Full Day (8:30am-3:00)

Elementary (8:30 - 3:00)

Supplementary programs: Extended Care (3:00 -5:30) Early Morning Care (7:30 -8:30)

Information about your child

Please list any activities that your child regularly participates in:

What kinds of activities do you do with your child?

What approach to discipline do you use?

How do you respond when your child refuses to comply with directions from you?

Do you have any concerns about your child's development? Yes / No

If yes, please explain: _____

What other languages are spoken in your home, if any? _____

Can your child dress and undress himself? Yes / No

Can your child take his shoes and socks off independently? Yes / No

Can your child put his shoes and socks on independently? Yes / No

What are your child's favorite pastimes?

How much times does your child spend with tv/dvds/computers/video games on a daily basis? _____

Briefly describe your child's communication. Single words? Two-word phrases? Sentences?

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Information about your child (cont'd)

Can people outside your family understand your child? Yes / No

Can your child respond to verbal direction? (For example, "Go and put your coat on.") Yes / No

Briefly describe your child's movement. Does he primarily walk or run? Can he go up and down stairs without adult assistance?

In an average week, how many meals does your family eat together? _____

Does your child eat with utensils? Yes / No

Does your child drink from a bottle, sippy-cup or an open cup/glass? _____

Does your child make eye contact when you talk with him? Yes / No

Does your child make eye contact when people outside your family talk with him? Yes / No

Does your child use the bathroom independently? Yes / No

Does your child wear underwear, pull-ups or diapers at home? Yes / No

If yes, please indicate which: _____

Specifically, what does your child do to help himself?

Does your child have any chronic health concerns? Yes / No

If yes please explain:

Does your child have any special emotional, social or behavioral needs? Yes / No

If yes please explain _____

Has your child ever had a psycho-educational, vision screening or speech/hearing evaluation? Yes / No

If yes please explain

I/We have enclosed the application fee of \$100.00 and understand that this fee is non non-refundable. I/We give permission to Corvallis Montessori School to request my child's school records, evaluations and report cards from his/her current school. I/We state that the above information is correct to the best of our knowledge.

The three-year cycle was explained to me. I am making a commitment to enroll for the full program.

Submitted by:

Mother's Signature _____ Date _____

Father's Signature: _____ Date _____

Office Use Only:

Date Received: _____ Application Fee rec'd Check # _____